Annual Report

Alberta Hospitals and Medical Care

1984-85

Alberta
HOSPITALS AND MEDICAL CARE

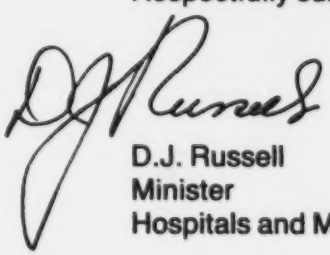
April, 1986

The Honourable Gerard J. Amerongen
Speaker of the Legislative Assembly of Alberta

Sir:

I have the honour to present the seventh Annual Report of the Department of Hospitals and Medical Care, covering the fiscal year ended March 31, 1985.

Respectfully submitted,



D.J. Russell
Minister
Hospitals and Medical Care

April, 1986

The Honourable David J. Russell
Minister of Hospitals and Medical Care
420 Legislative Building
Edmonton, Alberta

Sir:

I have the honour to present the seventh Annual Report of the Department of Hospitals and Medical Care. This information covers the fiscal year ended March 31, 1985.

Further financial information and statistical data concerning the operations of the Health Care Insurance Division can be found in the Alberta Health Care Insurance Plan Annual Report, which is published separately.

Respectfully submitted,

Alex McPherson

Alex McPherson, M.D., Ph.D.
Deputy Minister
Hospitals and Medical Care

Table Of Contents

HIGHLIGHTS 1

LEGISLATION 3

PLANS ADMINISTERED BY THE DEPARTMENT
- The Alberta Health Care Insurance Plan 5
- The Alberta Hospitalization Benefits Plan 6
- The Alberta Nursing Home Plan 6

ORGANIZATION 8

SENIOR MEDICAL CONSULTANT 9

PERSONNEL 11

FINANCE AND ADMINISTRATION DIVISION
- Accounting Branch 12
- Administrative Services Branch 12
- Financial Planning & Control Branch 13
- Internal Audit Branch 13
- Legislative Research & Planning Branch 13
- Public Communications Branch 13

HEALTH CARE INSURANCE DIVISION
- Claims Branch 15
- Planning, Standards & Evaluation Branch 15
- Registration Branch 16
- Registration Redevelopment Project 16
- Systems & Data Processing Branch 16

HOSPITAL SERVICES DIVISION
- Planning & Construction Branch 17
- Urban Hospitals Project 20
- Standards, Evaluation and Ambulance Services Branch 20
- Institutional Operations Branch 21
- Management Information Development Branch 21
- Provincial Programs Branch 22

POLICY DEVELOPMENT DIVISION
- Health Economics & Statistics Branch 25
- Research & Strategic Planning Branch 25

FINANCIAL STATEMENTS INDEX 29

CAPITAL CONSTRUCTION
- Status of Capital Construction 44

HOSPITALS AND NURSING HOMES OPERATING IN ALBERTA
- Map of Active Treatment Facilities 50
- General Hospitals 51
- Mental Health Hospitals 51
- Auxiliary Hospitals 51
- Nursing Homes 51

STATISTICAL TABLES INDEX 53

MINISTERIAL ADVISORY COMMITTEES 70

- During the 1984/85 fiscal year the department's total expenditure on health care and hospitals was $2.427 billion as follows:

	1984/85
Health Care Insurance	$ 686,220,750*
Financial Assistance for Active Treatment Care	1,228,818,746
Financial Assistance for Long-Term Chronic Care	164,527,913
Financial Assistance for Supervised Personal Care	104,651,151
Financial Assistance for Capital Construction	206,383,554
Departmental Support Services	36,870,799
TOTAL	$2,427,452,913

(* This figure represents the gross expenditure of the Alberta Health Care Insurance Plan, not the excess of expenditure over revenue which appears in Statement A.)

- The overall expenditure per capita for hospitals and medical care was $1011.57, a 3.6 per cent increase from the previous year's $976.77.
- The Government of Canada contributed $469,605,000 (including three prior year adjustments) towards Medicare and Hospital Insurance programs. Contributions are received by the department and Alberta Treasury pursuant to provisions of the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act, 1977 (Canada), as amended, and are subject to adjustment. These contributions are in addition to the federal tax-point transfers.
- Approved capital funding for hospitals and nursing homes (including Alberta Heritage Savings Trust Fund projects) in the planning phase or under construction totalled an estimated value in excess of $2.3 billion. Of this multi-year program commitment, $688.0 million had been advanced by March 31, 1985, representing 29.3 per cent of the total.
- Expenditure for basic health services under the Alberta Health Care Insurance Plan totalled $563.8 million, a 5.7 per cent increase from the $533.1 million in the previous year. The Plan's average expenditure of fee-for-service benefits for basic health services increased 7.7 per cent to $234.93 per person.
- Expenditure totalled $26.4 million for the Extended Health Benefits Program, under which a registrant or spouse aged 65 years or older and their dependants, and widows and widowers aged 55 and older but under age 65 and their dependants, who are eligible under the Alberta Widows Pension Program, are entitled to receive certain dental and optical benefits. This represented an increase of 8.6 per cent from $24.3 million of expenditure made under the program the previous year. The average cost per person was $117.77.
- The number of persons covered under the Alberta Health Care Insurance Plan decreased 1.8 per cent to 2,399,690 and the number of registrations decreased 2.7 per cent to 1,076,937.
- The number of registrations under Alberta Blue Cross Non-Group coverage increased 0.9 per cent to 237,036 and the number of persons covered increased 0.3 per cent to 436,961.
- The department was responsible for the expenditure of $3,222,666 for air medical evacuation provided for patients through the Emergency Air Ambulance Service. The average cost for the 2,418 patients was $1,332.78 per trip.

Changes to the Acts

- The Cancer Programs Act

  The Cancer Programs Amendment Act, 1984, proclaimed the Cancer Programs Act in force, effective September 1, 1985.

  Hospitals and Medical Care Statutes Amendment Act, 1985

  Minor changes were made to the Alberta Health Care Insurance Act and the Health Insurance Premiums Act. Legislation was established amending the Hospitals Act, the Cancer Programs Act, the Provincial General Hospitals Act, the University of Alberta Hospitals Act, the University Hospitals Foundation Act and the Mental Health Act to make provisions governing the administration of hospital foundations.

Changes to the Regulations

- Alberta Hospitalization Benefits Regulation

  Section 7 was amended to include a reference to out-patients. Section 8 describing out-patient services was repealed. The new regulation clarified that any medically necessary goods and services that may be provided on an out-patient basis, including goods used in a medical procedure, are insured services.

  Section 9(8) was repealed and a new Section 9.1 was added clarifying the responsibility for patient transportation charges, such that temporary or permanent transfer of a patient from general or auxiliary hospital to a mental health hospital will be the responsibility of the general or auxiliary hospital from which the patient is transferred.

  Section 12 was amended to change the budget submission date and to give the Minister discretion to review the budget presented by each hospital and to determine the operating and specific program grants payable for the fiscal year and to increase or decrease such amounts; and to make the funding of a hospital operating deficit the responsibility of the hospital board.

  Section 13 was amended to clarify the ability of hospital boards to arrange short term financing for working capital purposes and requires district boards to notify the Minister in advance of the intention to borrow.

  Section 15 which provided for the payment of bad debts to approved hospitals was repealed.

  Section 18 and Section 21 were combined in Section 18 to provide the Minister discretion to pay operators of approved facilities, including the Red Cross Society, for services, and deleted the reference to approved physiotherapist facilities.

  Major changes were introduced to the hospital funding policy by adding a new Section 21.1. It outlines the Hospital Surpluses and Deficits policy and the policy concerning discretionary revenue.

  Section 23 was amended to clearly define capital project costs, local responsibility capital costs and minor construction; to identify Treasury Board and Ministerial approval requirement; and to define and set out the use of the Consolidated Cash Investment Trust Fund (CCITF). It also refers to the capital project grants to the Lloydminster Hospital Board.

  Section 24 describes funding with respect to interest earned from capital project costs and treatment of all interest earned on CCITF account.

  Section 28 was amended to describe the kinds of local responsibility capital costs that may be requisitioned.

- Hospital Foundation Regulations

  In line with the changes to the Hospitals Act, the new Regulation defines the types of property a board may transfer to a foundation and the requirement that before commencing to wind-up a foundation, a board shall forward to the Minister, for approval by the Lieutenant Governor in Council, a plan for the winding-up of the foundation. The same regulation was made to the Provincial General Hospitals Act.

- Nursing Homes Amendment Regulation

  Section 12 was amended. The per diem rates for private and voluntary nursing homes were increased by $0.60. Extended leave of absence rates applicable to Nursing Home Regulations, Section 11(c) or (d) were reduced by $3.00. Regular rates apply to brief leaves of absence. Section 12 was further amended. The per diem rates for private and voluntary nursing homes increased by $0.50. These changes were retroactive to April 1, 1984.

- Alberta Health Care Insurance Amendment Regulation

  Amendments were implemented to the Regulations in conjunction with the new Canada Health Act.

  A new Part 4.2 'Program Costs' was added in which Section 28.2 provides authority to the Minister to establish or order or enter into an agreement with a person for the establishment of a program to benefit one or more physicians who provide insured services to residents of Alberta on a fee for service basis. The order or agreement provides the basis for eligibility, basis on which rates are determined, and prescribes the manner in which program benefits are to be paid.

- Alberta Health Care Insurance Premiums Amendment Regulation

  Revisions were made to Section 9 of the Regulation providing that the Minister may waive premiums without the applicant having to take a means test. The new provisions require the applicant to disclose his gross income during the three calendar months preceding the date of application. The regulation also provides that the Minister may waive the premium where the applicant would suffer financial hardship or if it is recommended by the Minister of Social Services and Community Health.

  The specific provisions governing the registration of Alberta residents have been moved from the Alberta Health Care Insurance Regulations to Health Care Insurance Premiums Regulations.

  Section 30 was amended by adding a subsection 3.1 which states that a registrant, while in receipt of a widow's pension, shall not register a common law spouse as a dependant.

The Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan operates under the authority of The Alberta Health Care Insurance Act and The Health Insurance Premiums Act. Residents registered under the Plan are entitled to specified benefits for basic health services at approved rates. These benefits include:

- medically required services of general practitioners and specialists;
- specified oral surgical procedures carried out by dental surgeons;
- optometric services limited to one eye examination including refraction and the writing of a prescription for the fitting of glasses in each benefit period* and limited to a maximum of $23.75. Benefits for more than one eye examination may be paid in each benefit period if the patient's optometrist satisfies the Minister in writing that more than one assessment is required. The Plan does not pay for the fitting or cost of glasses.
- chiropractic services to a maximum of $11.50 for each visit with a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants. This coverage includes $19.00 for X-rays for each particular disability.
- approved podiatric services and appliances. There is a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants.
- physiotherapy services to a daily maximum of $18.70 per person, with a limit during each benefit period* of $192.00 for single residents and $384.00 for those with one or more dependants. These limits are waived for cases which are considered a continuation of inpatient hospital care under the joint referral of the attending physician and hospital physiotherapy department, and for registrants aged 65 years and older, their spouses and dependants.

*A benefit period consists of 12 months beginning the first of each July and running until the end of the following June.

The Plan also provides Alberta Blue Cross Non-Group Membership at no cost to registered residents aged 65 and older and their dependants, and to eligible widows and widowers age 55 to 64 and their dependants. Non-Group Membership is also available at reduced premium rates to other registered residents unable to obtain similar coverage through employment. Alberta Blue Cross, operated by the Alberta Hospital Association, is reimbursed by the Plan for the claims expenditures and for the associated administrative costs.

Monthly premiums for Alberta Health Care Insurance were:

Regular premium rates	
Single	$14.00
Family	28.00
Registrant or spouse aged 65 and older and eligible widows/widowers	
Single or family	nil
Reduced premium rates	
Single, taxable income more than $3,500 but not more than $4,500	7.00
Family, taxable income more than $6,000 but not more than $7,500*	14.00
Single, taxable income not more than $3,500	nil
Family, taxable income not more than $6,000*	nil
Social allowance recipients	nil
Waiver of premium (due to financial hardship)	nil

Monthly premiums for non-group membership through Alberta Blue Cross were:

Regular premium rates	
Single	$ 6.60
Family	13.20
Registrant or spouse aged 65 and older and eligible widows/widowers	
Single or family	nil
Reduced premium rates	
Single, taxable income not more than $4,500	4.70
Family, taxable income not more than $7,500*	9.40

* For family registration, taxable incomes of husband and wife are combined.

The Extended Health Benefits Program, operated by the Plan, provides additional benefits for optical and dental goods and services to registered residents aged 65 and older and their dependants and to eligible widows and widowers aged 55 to 64 and their dependants without payment of a premium.

The Alberta Health Care Insurance Plan makes payments on a recovery basis for medical claims for Alberta residents on behalf of the Workers' Compensation Board.

The Plan provides benefits at Alberta rates for health services received outside Alberta. Under the Emergency Financial Assistance Program, a registered resident could apply through the Plan for special consideration to help pay for health and hospital services received outside Alberta when costs exceeded the benefits payable under the Plan. This program applies where the required services are not available in Alberta and the resident is referred by an Alberta physician, or where a resident while temporarily absent from Alberta requires the services because of an emergency which could not reasonably have been foreseen or guarded against. The program applies only if the excess cost places an undue financial burden on the resident.

The Alberta Hospitalization Benefits Plan

The Alberta hospitalization benefits plan operates under the authority of the Hospitals Act. It provides for in-patient hospitalization services at standard ward level and out-patient services in approved facilities to residents of Alberta registered under the Alberta Health Care Insurance Plan. These services are provided anywhere in Canada.

In Alberta, a $10.00 charge was levied upon admission to a general hospital, except for those aged 65 years and older, their spouses and dependants, and eligible widows and widowers aged 55 to 64 and their dependants. A co-insurance charge of $8.00 a day was made when a stay in an auxiliary hospital exceeded 120 days.

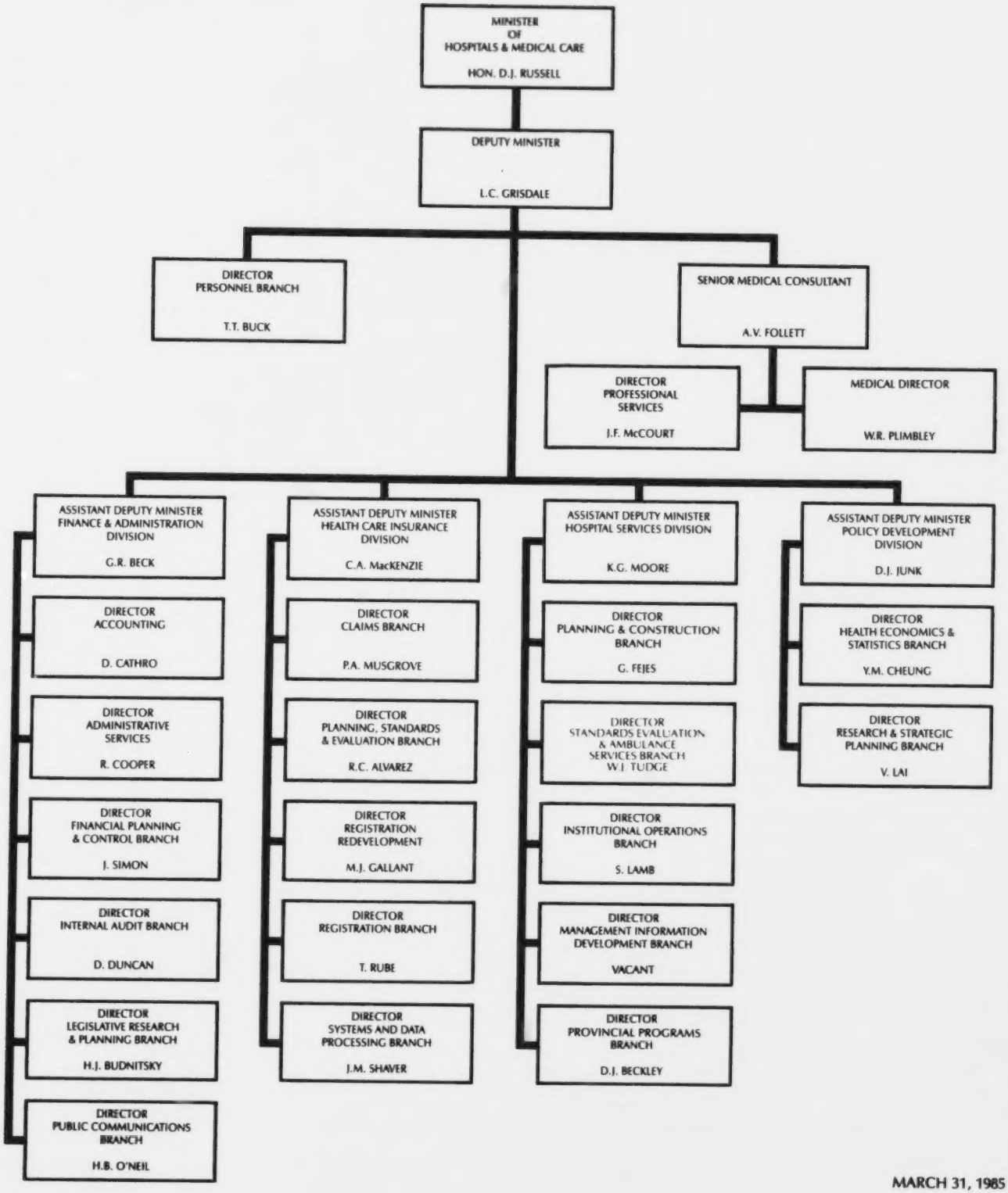
Outside Canada, hospitalization benefits are provided to a maximum of $150.00 per patient day and up to $50.00 for an out-patient in an active treatment hospital. Under special circumstances, residents are eligible for additional assistance through the Emergency Financial Assistance Program.

The Alberta Nursing Home Plan

The Alberta nursing home plan operates under the authority of The Nursing Homes Act. The Act provides for the establishment and incorporation of nursing home districts and gives the Minister of Hospitals and Medical Care the authority to enter into contracts with district boards or proprietary agencies to provide nursing home care under the provisions of the Act.

The Alberta nursing home plan offers assistance to Alberta residents who are not well enough to be accommodated in private homes or facilities such as senior citizens' lodges, but not ill enough to require care in an active treatment or auxiliary hospital. Under the plan, a subsidy is provided for each eligible patient receiving care in a contract nursing home in Alberta.

Each patient is required to pay a daily rate set out in the regulations governing contract nursing homes. The daily rates that nursing home operators can charge directly to eligible patients stood at $8.00, $10.50 and $14.25 respectively for standard ward, semi-private and private accommodations.



MARCH 31, 1985

The Senior Medical Consultant provided advice for the planning, delivery and economics in all aspects of health care and reported directly to the Deputy Minister. In carrying out these duties during the 1984/85 fiscal year, the Senior Medical Consultant

- was responsible for funding of the Graduate Medical Education Program. During 1984/85 the program was reviewed in cooperation with both universities and major Alberta teaching hospitals and the payments adjusted. The number of funded positions for interns and residents remained at 659. Under the program, geographic appointees are funded on a shared basis between the faculties of Medicine of the Universities of Calgary and Alberta and the department;
- reviewed existing contractual arrangements and developed new agreements under the Sessional Payments Program. During the reporting year, a total amount of $3,033,899 was provided for the program through the Alberta Health Care Insurance Plan;
- liaised between the department and practitioners' professional associations;
- supervised the gathering of statistics with regard to anaesthetic and operative deaths. Reports received from active treatment hospitals throughout the province are forwarded to the Alberta Medical Association for review;
- served as chairman of the Emergency Financial Assistance Committee. Under this program financial assistance may be provided to Alberta residents when insured medical and hospital services are required outside the province and when costs exceed benefits payable under the Alberta Health Care Insurance Plan, resulting in undue financial hardship. The committee examined all requests on an individual basis. The number of applications reviewed during the last three years are shown in the following tables:

EMERGENCY FINANCIAL ASSISTANCE PROGRAM
Applications Reviewed
For the years ended March 31

	Applications			Approved			Refused		
	1983	1984	1985	1983	1984	1985	1983	1984	1985
Required Services Not Available In Alberta	63	122	87	47	102	72	16	20	15
Emergency Services	19	16	17	13	15	12	6	1	5
TOTAL	82	138	104	60	117	84	22	21	20

	Amount Paid					
	Medical Services			Hospital Services		
	1983	1984	1985	1983	1984	1985
Required Services Not Available In Alberta	$131,018	$278,530	$291,459	$433,025	$ 801,680	$748,394
Emergency Services	27,453	45,859	17,019	147,198	244,896	36,671
Total	$158,471	$324,389	$308,478	$580,223	$1,046,576	$785,065

In addition, the Senior Medical Consultant was responsible for the administration of the Professional Services Branch.

Professional Services

Professional Services Branch was administered by the Director of Professional Services with the assistance of the Medical Director. During the 1984/85 fiscal period major tasks included:

- planning, development and expansion of Professional Review;
- reviewing patterns of billing with regard to provincial health care practitioners;
- recommending new items as well as appropriate amendments to various benefits schedules;
- reviewing complex claims and providing advice regarding payments;
- maintaining liaison between the department and individual health care practitioners and their respective associations;
- developing and updating claims assessment policies to ensure appropriate and consistent payment of benefits;
- administering the Benefits Unit which is responsible for investigating and answering inquiries arising from the Statement of Benefits Paid which was sent to all Alberta residents during the reporting year. Statements list all Alberta Health Care Insurance Plan payments to practitioners on behalf of registrants for basic health care services;
- representing the department at meetings of assessment advisory and medical practice audit committees.

The Personnel Branch provides the department with a full range of Personnel services and early in the fiscal year provided support and assistance as the department completed a major downsizing exercise.

Major functions of this branch are:

- recruitment and selection of all staff;
- establishment and classification of new positions and reclassification of existing positions;
- providing advice regarding organizational changes;
- administration of special placement programs such as STEP, PEP, WEP;
- administration of employee salary and benefits program;
- providing advice and interpretation in application of master and divisional contracts and personnel regulations;
- providing advice on employee relations;
- providing staff development and training;
- administration of a departmental training and development policy;
- providing advice on management and employee performance evaluation;
- administration of the management by objectives program;
- participation in occupational health and safety programs;
- providing human resource information and statistics;
- participation in various departmental committees.

Finance And Administration Division

The Finance and Administration Division is responsible for the department's financial management and administrative services. This includes overall financial planning in line with current government policies for health programs, the development of operating and capital budgets, the coordination of legislative and regulatory changes, and effectively ensuring that the department's financial commitments are accomplished in a competent and decisive manner in accordance with sound financial management and internal control. As well, this division provided supportive financial information services, administrative support and facilities management for the department, and internal and external communication services.

Accounting

Financial control and accounting services are provided by the Accounting Branch. Responsibilities of the branch include:

- processing payments to general hospitals, auxiliary hospitals and nursing homes. Payments decreased from $1,712,068,618 in 1983/84 to $1,704,381,364 in 1984/85;
- processing 6,362 payments in 1984/85 with respect to departmental support services, up eight per cent from 1983/84 levels;
- collection and refund of Health Insurance premiums;
- banking and cash management in respect of the Alberta Health Care Insurance Fund;
- planning, development, implementation and maintenance of systems and procedures to ensure that financial operations are carried out in accordance with the Financial Administration Act and related government policies and directives in an efficient and effective manner;
- provision of assistance and consultation to other branches in respect of financial and control matters;
- provision of revenue collection and accounts receivable management services to the department. During the year some 12,000 Statements of Claim were issued and $7,500,000 individual premium arrears were collected as a direct result of the branch collection effort.

Administrative Services

Major responsibilities of the branch are:

- facility management;
- records management;
- the departmental library;
- risk management;
- security services;
- mail distribution and processing;
- printing and photocopying services;
- inventory and acquisition control of furniture and supplies;
- word processing coordination at Hys Centre;
- liaison with Public Works, Supply and Services;
- all administrative support services within the department.

During the fiscal year, the branch obtained a computer-aided mailing system which provided economical mailings through reduced postage charges.

Financial Planning and Control

The major responsibilities of the branch are:

- developing and preparing the department's operating, capital and Heritage Savings Trust Fund budgets;
- exercising control over expenditures within approved levels of funding and within legislative and departmental policy constraints;
- providing monthly financial information reports to senior management;
- providing financial planning and advisory services to the department;
- providing financial analysis documentation and other supporting information related to local load debts, non-eligible hospital in-patient charges, equity interest payments and establishment of nursing home per diem rates.

Internal Audit

This branch is responsible for providing comprehensive audit services to the department in the areas of operational audits as well as conducting reviews of accounting systems and management control systems in order to ensure that procedures and internal controls meet the department guidelines. Special investigations were undertaken as necessary; various construction audits of hospital projects were conducted and input into design and control aspects of new computer systems were also provided.

Legislative Research and Planning

This branch is responsible for:

- providing legislative planning and legal services to the department;
- administering subrogation rights of the Minister with regard to the recovery of hospitalization costs in cases where a third party is responsible for the damages relating to an accident;
- liaising with hospital and institutional boards concerning requisitions and organization and boundary matters, and with regard to hospital district requisitions.

Legal opinions and interpretations were obtained on a variety of matters under the department's responsibility. The preparation and control of agreements and contracts involving the department continued during the year.

The branch was involved in the preparation of amendments to the Acts and Regulations for government consideration. Major amendments are detailed in the Highlights section of this report.

Changes to hospital district organization and legal descriptions of hospital and nursing home districts in the province continued throughout the year. A uniform system of description for hospital boundaries and a proper hospital district organization was developed. These changes were effected by preparation of Ministerial Orders and Orders-in-Council in accordance with the Acts and Regulations.

Branch staff reviewed and made recommendations to the Minister concerning hospital district requisitions during the year.

Public Communications

The primary functions of the branch are to coordinate external and internal communications strategies and to provide ongoing public relations services to the department.

The branch activities during 1984/85 included:

- editing and collation of the Institutional Reporting Information System (IRIS) manual;

- introduction of "The Bill You Don't See" cost awareness information program in Red Deer in cooperation with the Red Deer Regional Hospital and the Red Deer chapter of the Alberta Medical Association;
- coordinating or handling media contacts; fielding an average of 40 calls each month;
- responding to over 20,000 public enquiries;
- public awareness campaigns for a) issuing of 1984/85 Alberta Health Care Insurance Plan cards, b) premium subsidies and c) waiver of premiums;
- design and setting up of exhibits for special events such as the Alberta Hospital Association's annual convention;
- compiling information, editing and coordinating production of the departmental and Alberta Health Care Insurance Plan annual reports.

Health Care Insurance Division

The Health Care Insurance Division is responsible for the delivery of provincial health care insurance programs, covering the registration of residents, premium billing, administration of Non-Group Alberta Blue Cross registration, and assessment and payment of claims (which includes Workers' Compensation Board claims). The division also provides systems support to the department in the areas of computer, administrative and micrographic services.

Claims

The major functions of the Claims branch are:

- providing a system for the assessment and payment of claims;
- providing an information service to health practitioners;
- maintaining a registry of health professionals which includes general medical, specialist medical, chiropractors, dentists, optometrists, podiatrists, osteopaths, denturists, ophthalmic dispensers and physiotherapists.

During 1984/85, the Claims branch processed:

- 28,203,802 services with a value of $559,293,410 submitted for basic health services;
- 594,842 services with a value of $25,349,644 submitted for dental and optical benefits under the Extended Health Benefits Program;
- 84 applications approved with a value of $785,065 paid under the Emergency Financial Assistance Program;
- claims with a value of $17,432,456 submitted for insured hospital services obtained outside Alberta. These figures reflect the new procedure for processing claims;
- 765,412 services with a value of $9,976,902 submitted for Workers' Compensation Board claims.

Effective April 1, 1984 - March 31, 1985, 5,949 health professionals were recorded with the Alberta Health Care Insurance Plan. During the reporting year, 494 new practitioners were registered and 256 deleted from the registry.

Planning, Standards and Evaluation

The branch is responsible for three major areas:

- to research and analyse operational policy issues and program matters on behalf of the Alberta Health Care Insurance Plan;
- to develop and co-ordinate divisional planning documents;
- to research and analyse business issues and options as they relate to efficiency improvements and new developments in the division.

During the fiscal year, the branch was established and carried out numerous projects that researched issues relating to the cost of medicare programs and operations; program delivery options relating to the Canada Health Act; enhancements of out of province administrative and claims payment arrangements and several projects dealing with registration concerns. The branch was also responsible for preparing a business planning document reviewing past accomplishments and future plans. In 1984/85, the branch led the development of a divisional MBO planning process.

Registration

This branch is responsible for registration of all eligible residents, updating registration information, preparing registration files for billing purposes, enrolment for Alberta Blue Cross non-group membership, and public information services in Edmonton and Calgary.

During the fiscal year, the branch, in compliance with the new Canada Health Act, established eligibility of coverage according to residency. As of July 1, 1984, 1,025,128 Health Insurance Cards were issued and 36,513 registrations were cancelled pending confirmation of residency. This represented coverage of 95.8 per cent of Alberta's population.

In 1984/1985 104,396 applicants were eligible for subsidy, an increase of 26 per cent over 1983/1984 eligible applicants.

On February 27, 1985, a new Waiver of Premium program was approved by Cabinet and implemented March 1, 1985. The new program is primarily "Income Tested" with the availability of a "Means Test" if circumstances warrant. Post-secondary education students may now apply for Waiver of Premium.

Registration Redevelopment Project

The Registration Redevelopment Project is responsible for the development and implementation of a new Registration/Premium Collection System. When implemented, the system will feature fully on-line enquiry and update capabilities utilizing state-of-the-art technology. The major benefit will be a significantly improved level of service.

Systems and Data Processing

This branch is responsible for systems and data processing support to meet the Health Care Insurance Plan and departmental administrative systems requirements. The major functions of the branch are:

- development, co-ordination and monitoring of departmental operational and strategic electronic data processing (EDP) systems;
- development and operation of EDP systems required to meet the operational needs of the Health Care Insurance Plan and administrative systems. The branch provides systems analysis, design, implementation and maintenance support to the various areas;
- providing data processing operations, including data conversion, data control and computer processing, and monitoring computer processing performance;
- providing consulting services for hardware and software;
- providing liaison with the Information Services Division, Alberta Public Works, Supplies and Services, for computer services for all departmental systems;
- providing micrographic systems and service.
- operating an Information Request Centre responding to requests for health care information within the department and from other departments and outside agencies;
- development, technical support and user training of the departmental Office Automation system.

Major activities during the 1984/85 fiscal year included:

- the Data Entry Replacement Project (Optical Character Recognition) was implemented in May 1984;
- planning for the first phase of Office Automation in the department was initiated;
- significant advancement of the Registration Eligibility and Premium System redevelopment continued throughout 1984-85.

The Hospital Services Division coordinates the funding for planning, construction and operation of all active treatment, mental health, and auxiliary hospitals. It also provides operating funds for all nursing homes in the province and for the Air Ambulance Program. The planning, building and operation of these institutions are monitored to determine compliance with legislation and to ensure the effective expenditure of funds.

Planning and Construction

The major functions of the branch are to:

- manage, administer and monitor all planning, design and construction activities for capital construction projects, extraordinary and preventive maintenance and minor construction projects for hospitals and nursing homes in the Province of Alberta;
- effectively budget, schedule and expend funds for construction projects;
- provide reporting and liaison-advisory services to the Government, other departments, hospital boards, consultants and contractors, professional and technical organizations;
- monitor standards for the design and construction of hospitals and nursing homes.

Under supervision of this branch the following work was undertaken during the fiscal year 1984/85:

Projects under programming:

Blairmore, Crowsnest Pass General Hospital
Calgary, Calgary General Hospital
Calgary, Cross Bow Auxiliary Hospital
Calgary, Holy Cross Hospital
Calgary, Metro-Calgary and Rural General Hospital District No. 93
Camrose, Bethany Auxiliary Hospital
Camrose, St. Mary's Hospital
Edmonton, Edmonton General Hospital
Edmonton, Dr. W. W. Cross Cancer Institute
Edmonton, Misericordia Hospital
Edmonton, Royal Alexandra Hospital
Edmonton, University of Alberta Hospital
Edmonton, University of Alberta Hospital
Ponoka, Alberta Hospital Ponoka
Ponoka, Alberta Hospital Ponoka
Ponoka, Alberta Hospital Ponoka
Slave Lake, Slave Lake General
St. Albert, Sturgeon General Hospital
Wetaskiwin, Wetaskiwin General Hospital

Projects under design:

Banff, Mineral Springs Hospital
Claresholm, Willow Creek-Claresholm Auxiliary Hospital
Edmonton, Glenrose Rehabilitation Hospital
Edmonton, Good Samaritan Auxiliary Hospital
Leduc, Leduc General Hospital
Lethbridge, Lethbridge Regional Hospital
Lloydminster, Lloydminster Hospital
McLennan, McLennan General Hospital & Nursing Home District No. 90
Stettler, Stettler, General Hospital

Projects tendered:

Calgary, Calgary Northeast Satellite Hospital
Cold Lake, John Neil Hospital
Edmonton, Millwoods Area Hospital
Fort Vermilion, St. Theresa General Hospital
Olds, Olds Municipal Hospital
Oyen, Big Country Hospital
Ponoka, Ponoka General Hospital
St. Paul, St. Therese General Hospital
Tofield, Tofield Municipal Hospital
Two Hills, Two Hills General & Auxiliary Hospital & Nursing Home District No. 42

Projects tendered in previous fiscal years and currently under construction:

Barrhead, Barrhead Nursing Home
Bonnyville, Bonnyville Health Care Centre
Bow Island, Bow Island General Hospital
Calgary, Rockyview General Hospital
Calgary, Salvation Army Grace Hospital
Fort MacLeod, MacLeod Municipal Hospital
Grande Prairie, Queen Elizabeth II Hospital
Lacombe, Lacombe General Hospital
Mayerthorpe, Mayerthorpe General Hospital
Medicine Hat, Medicine Hat & District Hospital
Smoky Lake, George McDougall Memorial Hospital
Swan Hills, Swan Hills General Hospital
Taber, Taber and District Health Care Complex
Wainwright, Wainwright & District Health Care Complex

Projects completed

Black Diamond, Oilfields General Hospital
Calgary, Colonel Belcher Hospital
Canmore, Canmore Municipal Hospital
Consort, Consort Municipal Hospital
Coronation, Coronation-Paintearth Nursing Home
Devon, Devon Civic Hospital
Didsbury, Mountain View Health Care Centre
Drayton Valley, Drayton Valley General Hospital
Edmonton, Millwoods Shepherd's Care Centre Auxiliary
Edmonton, St. Michael's Auxiliary Hospital
Grimshaw, Grimshaw/Berwyn Municipal Hospital
Hardisty, Hardisty General Hospital
Magrath, Magrath Municipal Hospital
Strathmore, Valley General Hospital
Three Hills, Three Hills Health Care Centre
Trochu, St. Mary's Hospital
Vulcan, Vulcan General Hospital

Safety upgrading programs in excess of $75,000.00 were carried out at:

Calgary, Glenmore Park Auxiliary Hospital
Edmonton, Alberta Hospital Edmonton
Edmonton, Grandview Extended Care Centre
Edmonton, Lynnwood Extended Care Centre
Edmonton, Norwood Extended Care Centre
Elk Point, Elk Point Municipal Hospital

Islay, Islay Municipal Hospital
Killam, Flagstaff Auxiliary Hospital
Lamont, Archer Memorial Auxiliary Hospital
Lethbridge, St. Michael's General Hospital
Lloydminster, Lloydminster Auxiliary Hospital
Lloydminster, Lloydminster Hospital
Manning, Manning Municipal Hospital
Mannville, Mannville Municipal Hospital
Milk River, Border Counties General Hospital
Mundare, Mary Immaculate Hospital
Peace River, Fairview Auxiliary Hospital
Peace River, Sutherland Nursing Home
Picture Butte, Picture Butte Municipal Hospital
Radway, Radway Health Care Centre
Red Deer, Red Deer General Hospital
Red Deer, Dr. Richard Parsons Auxiliary Hospital
Rocky Mountain House, Rocky Mountain House General Hospital
Spirit River, Central Peace General Hospital
Vegreville, Vegreville Auxiliary Hospital

Minor construction projects in excess of $100,000.00 were carried out at:

Athabasca, Athabasca General & Auxiliary Hospital
Calgary, Calgary General Hospital
Calgary, Glenmore Park Auxiliary Hospital
Calgary, Sarcee Auxiliary Hospital
Cardston, Cardston Municipal Hospital
Cereal, Cereal Municipal Hospital
Claresholm, Claresholm General Hospital
Daysland, Daysland General Hospital
Edmonton, Alberta Hospital Edmonton
Edmonton, Charles Camsell Hospital
Edmonton, Misericordia Hospital
Hanna, Hanna General Hospital
Islay, Islay Municipal Hospital
Lethbridge, Southland Nursing Home
Lethbridge, St. Michael's General Hospital
Manning, Manning Municipal Hospital
Milk River, Border Counties General Hospital
Ponoka, Alberta Hospital Ponoka
Stettler, Stettler General Hospital
Stony Plain, Stony Plain Municipal Hospital
Vegreville, St. Joseph's General Hospital

Extraordinary maintenance projects in excess of $100,000.00 were carried out at:

Calgary, Calgary General Hospital
Calgary, Sarcee Auxiliary Hospital
Daysland, Daysland General Hospital
Edmonton, Edmonton General Hospital
Edmonton, Charles Camsell Hospital
Edmonton, Royal Alexandra Hospital
Lethbridge, St. Michael's General Hospital
Peace River, Fairview Auxiliary Hospital
Provost, Provost Municipal Health Care Centre
Slave Lake, Slave Lake General Hospital
Willingdon, Mary Immaculate Hospital

Urban Hospitals Project

The Alberta Urban Hospitals Project involves the design, construction and equipping of two acute care hospitals located in Calgary and Edmonton. The Calgary North East Hospital will be a 496-bed acute care facility, while the Edmonton South East Hospital will provide a total of 538 beds. A 70-bed Inpatient Psychiatric Unit in Edmonton, compared to 28 beds in the Calgary facility accounts for the 42 bed difference. The designs of the two facilities are identical, with the exception of the Psychiatric Unit and some minor differences related to the transfer of programs from the Edmonton General Hospital.

In addition to the two hospitals, the project includes an allowance for the provision of offsite laundry services. The project also includes planning and preliminary design for two other urban hospitals, the Edmonton North East and Calgary South West hospitals, which have been deferred for the present.

Following the assumption of the responsibility for the project by the Minister the department established the Alberta Urban Hospitals Project Management Group, which is responsible for managing the design, construction and the provision of equipment for the project. The Project Management Group is managed by the Project Director, Mr. Sye Simonson, who reports to the Chairman of the Departmental Project Committee.

The capital budget for the project is $244.8 million, comprising the following amounts for planning, design, construction, equipment and commissioning:

Edmonton South East Hospital and laundry expansion	$125.1 million
Calgary North East Hospital	116.5 million
Projects Costs associated with deferred Hospitals	3.2 million
Total	$244.8 million

The following indicates major milestone dates:

Project Announcement	March, 1980
Minister Assumed Responsibility	May, 1982
Design Complete	May, 1984
Construction Start - Calgary North East	September, 1984
Opening - Calgary North East	July, 1987
Construction Start - Edmonton South East	November, 1984
Opening - Edmonton South East	August, 1987

Agreements are being made with the Metro Calgary and Rural Hospital District No. 93 and Edmonton General Hospital to assume operations of the Calgary North East and Edmonton South East Hospitals, respectively.

Standards, Evaluation and Ambulance Services

The Standards, Evaluation and Ambulance Services (S.E.A.S.) Branch was formed in July, 1984 as a result of a reorganization of the Hospital Services Division. The branch goals are:

- to facilitate the planning, monitoring and funding of institutional health care studies and facilities through standards development, program evaluations, and advisory studies provided in accordance with legislation and policy directives;
- to fund, administer, and monitor the Emergency Air Ambulance Services and Blood Services programs, to develop disaster plans for the department and to represent the department on inter-hospital transfer and ground ambulance matters.

The branch is staffed by personnel transferred from the Emergency Services Group, Design and Construction Branch and two Research Officers from Institutional Operations and Program Planning branches.

In addition to the development of a work plan, the branch was directly involved in 32 projects, some of which are long term and are not expected to be completed until the fiscal years 1985/86. These projects mainly relate to diagnostic and operational services and to facility design consideration.

The branch represents the department at Federal/Provincial meetings on the energy task force, care of the elderly, post occupancy evaluations and ambulance and blood services programs.

The Emergency Air Ambulance Services transported 2,418 patients, at a total cost of approximately $3.2 million during the fiscal year. This is an increase of 9.7 per cent and 10.3 per cent, respectively, over the previous fiscal year.

Institutional Operations

The branch's main functions include:

- recommending annually the level of financial support provided to each active treatment and auxiliary hospital in the province;
- visiting hospitals within the province to ensure that the highest possible standards of patient care within the scope of the available resources is provided;
- providing assistance to hospitals regarding the establishment of appropriate productivity standards for patient care services, diagnostic, treatment, and support services;
- reviewing financial returns and statistical reports from health care facilities to ensure hospital operations are being conducted within the approved programs and the financial support provided;
- maintaining current statutory declarations for each hospital with respect to their rated bed capacities;
- reviewing proposed policies and procedures or amendments to existing policies which affect management, operation and finance matters in hospitals;
- provision of consulting services to other branches with regards to capital projects and policy issues;
- reviewing proposed amendments to Medical Staff and General Bylaws to ensure that they clearly define the powers and duties of the governing body of officers and committees.

Institutional Operations underwent a reorganization effective July 1, 1984. The branch remained responsible for the overall review of operations and funding for active treatment and auxiliary hospitals within the province. Special emphasis was placed on the Hospital Funding Study, information requirements, hospital expenditures, and the equitable distribution of available dollars.

During fiscal year 1984-85, the branch conducted 238 visits to hospitals in the province. Of these, 137 were routine visits and review, 30 were pre-opening visits to 17 new facilities and 19 were post occupancy reviews. In addition, operational reviews were undertaken in 25 facilities across the province.

Management Information Development

This branch is responsible for:

- coordination of long range and operational planning of institution related electronic data processing (EDP) systems;
- development and operation of EDP Systems required to meet the operational needs of the Hospital Services and Policy Development division of the department. The branch provides systems analysis, design and project management support as well as consulting services in the area of management information systems to hospitals;
- collection, editing and processing of the information needed for the administration of the Hospitals and Nursing Homes Acts;

- recommendation of changes and enhancements to existing reporting systems in order to improve the efficiency and quality of the information collected;
- responding to requests for information from within the department and from other departments and outside agencies;
- provision of consulting support to hospitals for the submission of project proposals to the department;
- assistance to hospitals in systems development by reviewing objectives and plans and by undertaking feasibility studies and post-implementation evaluations;
- assessment of hospitals EDP budget submissions.

Major activities during 1984/85 fiscal year included:

- modifying and implementing the institutional management reporting system (HS100/HS101);
- implementing the morbidity and annual returns reporting system (MARRS);
- funding of hospital computing systems for the University of Alberta Hospitals; Hospital District #93, Wetaskiwin, Medicine Hat and the Alberta Hospital Association Information Systems Services Service Bureau;
- providing consulting services and assistance to various hospitals in relation to hospital information systems;
- responding to approximately 100 information requests from intra/interdepartmental sources;
- maintaining the statistic reporting mechanisms for the collection, processing, editing and dissemination of institutional information.

Provincial Programs

In July 1984, a reorganization of the Hospital Services Division resulted in the formation of the Provincial Programs Branch which is responsible for the review of programs, operations and funding recommendations for Institutional Mental Health Services, Nursing Homes and the Special Programs for Diagnostic Imaging, Laboratory Medicine, Dietary Services, Rehabilitation and Critical Care. This branch is also responsible for the overall development of long term care programs, equipment planning and co-ordination of the review of new and expanded program proposals.

The Institutional Mental Health Services Section provided consulting services on various mental health programs in the two provincial mental health hospitals, active treatment, auxiliary hospitals and nursing homes. The section has developed and expanded its role during this past year. The major objectives established and accomplished were:

- completion of an inter-departmental review of the Clarke Report on Psychiatric Services in Southern Alberta and development of the recommendations into a provincial framework for mental health planning and implementation of the recommendations;
- lead responsibility and co-ordination in the review of the Mental Health Act;
- development of a policy paper on designation of active treatment hospitals to accept involuntary patients;
- operational review of major departments at Alberta Hospital, Edmonton and Alberta Hospital, Ponoka;
- guided development of a new in-patient program for young offenders at Alberta Hospital, Edmonton;
- establishment of regional psychiatric services planning committees in seven regions of the province in cooperation with Alberta Social Services and Community Health;
- assistance and consulting to facilities in Calgary, Edmonton, Lethbridge, St. Paul, St. Albert, Camrose, Red Deer, Grande Prairie and Medicine Hat in the development of new and expanded psychiatric programs;

- development of criteria for a new 75-bed rehabilitation facility to be built in Calgary;
- commencement of master development planning process for Alberta Hospital, Edmonton and Alberta Hospital, Ponoka.

The Long Term Care Programs Section provides consulting services to the nursing homes, auxiliary and active treatment and mental health hospitals on long term care program issues. Major accomplishments were:

- participation in the review and redevelopment of the Nursing Home Review Panel Report;
- participation in the development of the Single Entrance Assessment Model for Long Term Care and the initiation of regional workshops on the model;
- participation in or direction of the development of the following policy papers and projects related to the Nursing Home Review Panel Report:
    a) Assessment and Placement Model;
    b) Day Care Programs;
    c) Respite Care Services;
    d) Mentally Impaired Elderly;
    e) Young Physically Handicapped.

The Nursing Home Operations Section provided consultation, planning services and monitored care and resource utilization in all nursing homes in Alberta. Major accomplishments were:

- 55 out of 86 nursing homes visited, reviewing administrative functions and resident care services relative to nursing, recreation, food and support services;
- participation in the evaluation and development of recommendations on implementation of the Nursing Home Review Panel Report;
- initial development of standards for nursing home care through a Standards Committee comprised of representatives from the field and the Department of Hospitals and Medical Care;
- participation in review and revisions of the Nursing Homes Act and Regulations;
- development of Role Statements for Nursing Homes and Auxiliary Hospitals;
- participation in developmental work related to an Assessment Tool and Patient Classification system;
- participation in review of Inservice Training in Nursing Homes with recommendations for in-service standards.

The Special Programs Section was enhanced during the year by the inclusion of Rehabilitation and Dietetic Services. Major accomplishments were:

- the development of new programs guided by standards and policies for physiotherapy, occupational therapy and recreation therapy for nursing homes;
- Menu Planning Guidelines were distributed to all hospitals and nursing homes; dietetic staffing guidelines and methodologies for reporting non-patient meal days were developed;
- in Diagnostic Imaging - a computerized program was developed for the value analysis of equipment tender packages, which was utilized for the selection of equipment tender packages for the Urban Hospitals Project;
- in Laboratory Medicine - the upgrading of facilities was directed towards an improvement in the accuracy and precision of patient test results with a shorter reporting turn-around time of diagnostic results;
- the review and approval of critical care programs expansion took place in the areas of pae-

diatric intensive care and open heart surgery, and a commitment was made to planning for a 1985 international symposium on "Organs for Transplantation";

- $16.6 million was approved by the Special Programs Section in response to hospitals requests, for equipment replacement in the areas of radiology, computed tomography, nuclear medicine, ultrasound, laboratory medicine, critical care, renal dialysis, oncology, perinatal care, rehabilitation and dietetic services;
- active participation continued, in conjunction with the College of Physicians and Surgeons, for the on-going hospital laboratory accreditation and imaging services program.

The Special Programs Section was also involved in the Federal/Provincial working groups for establishing guidelines for mammography, perinatal intensive care, maternal child care, and intensive care units, as well as the further development of workload measurement systems for the individual special programs.

The Bed Forecasting Model Management Committee was implemented. This committee is comprised of representatives of the department and the Calgary and Edmonton Area Hospital Advisory Councils who are responsible for the management and operation of the computerized bed forecasting model.

The branch director represented this department on the Federal Provincial Working Group on Special Services in Hospitals in the development of national guidelines for long term care programs and child/adolescent programs. Participation was also provided to the Federal Provincial Working Group on Vital Organ Transplantation Centres in the development of national policy on the ethical, fiscal and allocation issues of transplantation.

The Equipment Planning Section directs the review and approval process and policy development for ad hoc and capital equipment. Major accomplishments were:

- 12 capital projects received approval for furniture and equipment budgets;
- the Provincial Equipment Inventory Pilot Project required extensive reworking of data which was compiled in a format for data entry. Implementation and testing will occur in 1985/86;
- the surplus equipment transfer and disposal policy was sent to various key groups for review and comment. A final amended policy will be distributed in 1985/86;
- work commenced on a new Guide for Equipment Planning to aid hospitals involved in capital construction projects. The Guide will be ready for distribution in early 1986;
- a survey was completed to prove the need for inclusion of an inflation factor in the Planning Process for Capital Projects for furniture and equipment budgets.

The Review and Approval Process for Program Requests was issued to hospitals and nursing homes outlining the new policy for the development of new or major expansion programs.

The Policy Development Division is responsible for organizing, managing and coordinating research activities, and for developing intermediate and long-term planning and policy options for the department.

Health Economics and Statistics

This branch is responsible for initiating, administering and coordinating policy-oriented research relating to health economics, participating in formulating an assessment of departmental policy in the allocation of health care resources, and providing research and analytical services to other management centres in the department.

It also acts as a focal point for federal-provincial and interprovincial coordination of health economic research and statistical activities required in support of the administration of The Alberta Health Care Insurance Plan, the Alberta hospitalization benefits plan and the Alberta nursing home plan.

The major activities of the branch were as follows:

- preparing and interpreting data for annual fee negotiations with health professionals and assessing financial implications of various options at different negotiation stages;
- developing and implementing, in coordination with respective professional associations, changes to the schedules of benefits payable on a fee-for-service basis;
- preparing revenue and expenditure projections for health care programs for budget purposes;
- identifying and analyzing the factors responsible for changes in health care costs and utilization;
- analyzing and estimating the inflation factors for salary and non-salary costs of hospitals and nursing homes;
- assessing and estimating the economic impact of changes in health care regulations;
- estimating the economic impact of collective agreements (with hospital workers) on the operating costs of hospitals;
- preparing population estimates by hospital district for utilization studies;
- developing methodologies for the definition and estimation of hospital service areas and service populations;
- preparing statistical tables, charts, graphs and explanatory text for the department's annual reports and statistical supplement.

RESEARCH AND STRATEGIC PLANNING

The primary functions of this branch are:

- identifying and forecasting strategic planning issues and needs facing the health care system in the province and escalate these problems for discussion by the Management Committee and the Minister;
- taking a lead role, based on the discussion of needs and issues facing the health care system, in mapping out intermediate to long range goals for the department for approval by the Management Committee and the Minister;
- preparing strategic plans and strategies, based on the agreed intermediate and long range

goals, for resolving major issues via the development of a long range and intermediate plan and a systematic annual planning- budgeting cycle;

- facilitating the development of broad health policies for the province in consultation with the Minister, the department and stake-holder groups;
- developing and coordinating the departmental response to federal-provincial and inter-provincial issues;
- identifying new health care thrusts undertaken by other provinces and countries for reference in Alberta;
- projecting and analyzing health manpower needs for the province and developing strategies for resolving these manpower issues;
- developing an evaluation framework and strategy for evaluating programs and policies of the department;
- identifying and analyzing the implications of all proposed health legislation;
- assisting in the administration of the department's health professional legislation;
- conducting research and evaluation studies at the request of other branches as part of the support of their planning and management activities.

Major activities included:

- a survey of hospitals and nursing homes as part of the 1984 and 1985 Health and Social Services Disciplines Committee Survey of Employers;
- participation in the national physician manpower study;
- preparation of briefs for the Health Occupations Board;
- review of proposed legislation related to health professionals;
- conducting a review of the Blue Cross Non Group program;
- conducting an Inservice Training Survey of Alberta Nursing Homes;
- preparation of a review of bed ratio guidelines and bed need projections and metholologies;
- participation on a steering committee for the Area Wide Planning Study in conjunction with the Edmonton and Calgary Area Hospital Planning Councils;
- analyses and assessment of funding of health care under Established Program Financing and related health care legislation;
- preparation of briefing notes, analyses and submissions on the implications for Alberta of the Canada Health Act; also administration of Act, complying with tenets of Act;
- provision of research and support services to the Nursing Home Liaison Committee;
- preparation of background papers and discussion papers on strategies to contain health care costs in Alberta;
- participation in a major study which pilot tested a new funding system at Foothills Provincial General Hospital, Medicine Hat and District Hospital and Drumheller General Hospital;
- participation in a review of the premium subsidy and waiver program, with assistance in the restructuring of the waiver program;
- provision of research and support services to the Alberta Health and Social Services Disciplines Committee;
- preparation of a status report on employment of RNAs;
- assistance with evaluation of a pilot project on point of service statements to patients in hospitals and physicians' offices;

- initiated review of student stipend policy;
- review of patient classification tools for use in long term care and co-ordination of the project to develop a patient classification tool;
- co-ordination of the review of recommendations from the Nursing Home Review Panel Report;
- co-ordination of the review and revisions to the Nursing Homes Act and Regulations;
- coordination of a development of a single entry assessment/placement model for long term care and the pilot testing of the model;
- development of policy papers relating to key issues addressed in the Drewry Report and participation in the departmental review of the Act;
- participation in Inter-Departmental Steering Committee to develop a single comprehensive assessment tool for use in long term care;
- analyses of nursing home expenditure data and data on accommodation charges;
- participation in Inter-departmental Committee on Family Violence.

LIST OF FINANCIAL STATEMENTS

STATEMENT		PAGE
A.	STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM	30
B.	DISTRIBUTION OF TOTAL EXPENDITURE FOR INSTITUTIONAL CARE BY TYPE OF EXPENDITURE	31
C.	DISTRIBUTION OF TOTAL EXPENDITURE BY ACTIVE CARE FACILITY	32
D.	DISTRIBUTION OF TOTAL EXPENDITURE BY AUXILIARY HOSPITAL	37
E.	DISTRIBUTION OF TOTAL EXPENDITURE BY NURSING HOME	39
F.	DISTRIBUTION OF TOTAL EXPENDITURE BY OTHER FACILITIES	42

HOSPITALS AND MEDICAL CARE
STATEMENT OF EXPENDITURE BY PROGRAM AND SUB-PROGRAM
for the year ended March 31, 1985

Program/Sub-program	Funds Provided					Expended	Unexpended (Over Expende
	Estimates	Prior Year Liabilities	Special Warrants	Transfers	Total Authorized		
Departmental Support Services	$ 37,109,758	$ —	$ —	$ —	$ 37,109,758	$ 36,870,799	$ 238,959
Health Care Insurance	432,068,000	—	—	—	432,068,000	353,811,751	78,256,249
Financial Assistance for Active Care							
Program Support	147,348,734	—	—	(841,752)	146,506,982	120,378,016	26,128,966
Major Medical Referral and Research Centres	216,879,664	—	—	—	216,879,664	208,236,009	8,643,655
Major Urban Medical and Referral Centres	380,160,794	—	—	—	380,160,794	376,947,401	3,213,393
Other Referral Centres	125,583,378	—	—	—	125,583,378	124,062,870	1,520,508
Specialized Health Care	169,748,469	—	—	462,359	170,210,828	170,210,816	12
Community-Based Hospital Facilities	141,225,574	—	—	379,393	141,604,967	141,604,910	57
Rural Community-Based Hospital Facilities	90,619,533	—	—	—	90,619,533	87,378,724	3,240,809
	1,271,566,146	—	—	—	1,271,566,146	1,228,818,746	42,747,400
Financial Assistance for Long-Term Chronic Care							
Program Support	5,296,589	—	—	—	5,296,589	1,496,322	3,800,267
Long-Term Chronic Care	163,770,043	—	—	—	163,770,043	160,576,167	3,193,876
Specialized Long-Term Chronic Care	2,543,006	—	—	—	2,543,006	2,455,424	87,582
	171,609,638	—	—	—	171,609,638	164,527,913	7,081,725
Financial Assistance for Supervised Personal Care							
Private Nursing Homes	47,109,763	—	—	700,000	47,809,763	47,805,353	4,410
District Nursing Homes	35,432,011	—	2,894,189	(1,067,000)	37,259,200	36,535,881	723,319
Voluntary Nursing Homes	19,943,515	—	—	367,000	20,310,515	20,309,917	598
	102,485,289	—	2,894,189	—	105,379,478	104,651,151	728,327
Financial Assistance for Capital Construction							
Program Support Facilities	35,859,000	—	—	—	35,859,000	22,006,533	13,852,467
Major Medical Referral and Research Centres Facilities	—	—	—	481,665	481,665	481,665	—
Major Urban Medical and Referral Centres Facilities	54,944,000	—	—	—	54,944,000	40,667,728	14,276,272
Other Referral Centres Facilities	59,751,000	—	—	(1,834,665)	57,916,335	42,587,245	15,329,090
Specialized Health Care Facilities	5,844,000	—	—	—	5,844,000	1,991,493	3,852,507
Community-Based Hospital Facilities	53,364,000	—	—	—	53,364,000	45,033,543	8,330,457
Rural Community-Based Hospital Facilities	47,623,000	—	—	—	47,623,000	44,014,569	3,608,431
Long-Term Chronic Care Facilities	7,219,000	—	—	—	7,219,000	4,359,969	2,859,031
Supervised Personal Care Facilities	3,937,000	—	—	1,353,000	5,290,000	5,240,809	49,191
	268,541,000	—	—	—	268,541,000	206,383,554	62,157,446
Total 1985	$2,283,379,831	—	$2,894,189	—	$2,286,274,020	$2,095,063,914	$191,210,106

STATEMENT B

DISTRIBUTION OF TOTAL EXPENDITURE FOR INSTITUTIONAL CARE BY TYPE OF EXPENDITURE
for the year ended March 31, 1985

Expenditure	Institution				Other Support	Total
	Active Care Hospitals	Auxiliary Hospitals	Other Facilities	Nursing Homes		
Operating Support	$1,108,440,730	$160,576,167	$2,455,424	$ —	$ —	$1,271,472,321
Bad Debts	1,192,936	5,971	—	—	—	1,198,907
Equity Interest	543,207	127,538	—	—	—	670,745
Major Equipment Grants	29,291,930	743,178	—	57,557	—	30,092,665
Extraordinary Maintenance	3,540,211	572,271	—	96,942	—	4,209,424
Air Ambulance	—	—	—	—	3,222,666	3,222,666
Blood Service	—	—	—	—	9,839,067	9,839,067
Other Program Support	71,667,630	47,364	—	8,937	1,080,369	72,804,300
Major Capital Construction	183,376,239	4,785,360	—	5,240,809	—	193,402,408
Other Capital Costs	7,319,167	3,761,780	—	632,244	1,267,955	12,981,146
Per Diem Support	—	—	—	104,487,715	—	104,487,715
	$1,405,372,050	$170,619,629	$2,455,424	$110,524,204	$15,410,057	$1,704,381,364

STATEMENT C

DISTRIBUTION OF TOTAL EXPENDITURE BY ACTIVE CARE FACILITY
for the year ended March 31, 1985

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
ATHABASCA, Athabasca Municipal	$ 2,207,378	$ 1,086	$ —	$ —	$ —	$ —	$ —	$ 230,844	$ 2,439,308
BANFF, Mineral Springs	2,448,144	17,461	29,657	20,018	—	—	240,671	—	2,755,951
BARRHEAD, Barrhead General	4,278,624	997	—	41,033	—	10,384	—	—	4,331,038
BASHAW, Bashaw General	1,269,288	—	—	29,352	20,955	—	—	—	1,319,595
BASSANO, Bassano General	1,230,201	2,969	—	53,844	—	—	—	—	1,287,014
BEAVERLODGE, Beaverlodge Municipal	1,491,360	3,537	—	65,556	—	—	—	—	1,560,453
BENTLEY, Bentley General	752,760	171	—	2,565	—	—	—	—	755,496
BERWYN, Berwyn Municipal	379,028	414	—	—	—	—	—	—	379,442
BLACK DIAMOND, Oilfields General	976,791	—	—	—	—	—	—	—	976,791
BLAIRMORE, Crowsnest Pass General	2,950,872	6,067	—	26,728	—	—	23,888	—	3,007,555
BONNYVILLE, Health Care	—	—	—	—	—	—	12,164,335	—	12,164,335
BONNYVILLE, St. Louis	2,816,376	6,182	19,623	57,919	—	—	—	—	2,900,100
BOW ISLAND, Bow Island General	938,424	1,377	—	5,600	35,627	—	3,961,758	—	4,942,786
BOYLE, Boyle General	1,210,017	2,544	—	13,005	—	—	—	7,127	1,232,693
BRETON, Breton General	1,138,596	195	—	182,556	20,780	—	—	—	1,342,127
BROOKS, Brooks Health Centre	4,618,620	536	—	72,163	—	25,982	—	7,015	4,724,316
CALGARY, Alberta Children's Provincial General	35,790,888	24,967	—	677,656	26,000	1,474,871	—	5,434	37,999,816
CALGARY, Calgary General	89,509,896	45,440	—	2,757,747	600,000	2,001,201	105,285	589,227	95,608,796
CALGARY, Colonel Belcher	12,412,501	—	—	261,940	—	—	—	9,696	12,684,137
CALGARY, Foothills Provincial General	86,631,276	132,801	—	3,479,476	50,374	20,947,917	481,665	11,952	111,735,461
CALGARY, Holy Cross	47,012,652	72,774	—	1,171,584	—	1,789,132	29,669	—	50,075,811
CALGARY, N.E. Satellite	—	—	—	—	—	—	6,268,517	—	6,268,517
CALGARY, Rockyview General	23,416,824	—	—	767,174	—	4,620	28,872,480	—	53,061,098
CALGARY, S. Satellite	—	—	—	—	—	—	61,750	—	61,750
CALGARY, Salvation Army Grace	9,019,464	301	64,574	270,329	24,444	—	988,603	66,138	10,433,853
CAMROSE, St. Mary's	6,096,168	1,961	29,316	228,755	—	—	1,037	—	6,357,237
CANMORE, Canmore Municipal	2,104,764	2,791	—	930	—	—	90,000	—	2,198,485
CARDSTON, Cardston Municipal	3,754,968	20,027	—	24,048	17,440	—	—	8,260	3,824,743
CARMANGAY, Little Bow Municipal	528,924	—	—	1,900	—	—	—	—	530,824
CASTOR, Our Lady of the Rosary	1,357,788	86	12,686	18,052	—	—	—	—	1,388,612

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
CEREAL, Cereal Municipal	440,556	—	—	23,648	—	—	—	974,600	1,438,804
CLARESHOLM, Claresholm General	2,003,220	725	—	66,120	5,938	—	—	23,650	2,099,653
COALDALE, Coaldale Community	1,245,480	—	11,778	149,135	—	—	—	—	1,406,393
COLD LAKE, John Neil	2,279,863	1,327	—	35,134	—	—	7,855,880	—	10,172,204
CONSORT, Consort Municipal	1,158,725	—	—	1,050	—	—	—	—	1,159,775
CORONATION, Coronation Municipal	1,408,500	16,095	—	1,485	—	—	—	—	1,426,080
DAYSLAND, Dayland General	1,823,688	—	—	52,920	312,516	—	—	713,918	2,903,042
DESMARAIS St. Martin's Health Centre	435,948	1,422	—	10,133	—	—	—	—	447,503
DEVON, Devon Clinic	1,891,440	—	—	—	—	—	—	—	1,891,440
DIDSBURY, Mountain View Health Care Centre	2,014,814	4,415	—	5,001	—	—	930,828	—	2,955,058
DRAYTON VALLEY, Drayton Valley General	3,583,704	4,503	—	3,247	—	—	—	—	3,591,454
DRUMHELLER, Drumheller Regional Health Complex	4,197,539	6,342	—	71,727	—	12,272	—	—	4,287,880
ECKVILLE, Eckville Municipal	1,359,792	1,028	—	6,087	—	—	—	—	1,366,907
EDMONTON, Alberta Hospital	42,589,864	—	—	317,240	—	88,610	—	1,039,260	44,034,974
EDMONTON, Charles Camsell	26,301,852	58,702	—	855,901	432,878	255,481	—	233,531	28,138,345
EDMONTON, Edmonton General	44,024,148	58,780	102,741	1,032,701	468,023	2,880,000	2,201,489	—	50,767,882
EDMONTON, Glenrose Provincial General	24,125,008	8,830	—	234,128	—	394,492	664,504	—	25,426,962
EDMONTON, Millwoods Area	—	—	—	—	—	—	5,474,889	—	5,474,889
EDMONTON, Misericordia	44,316,972	49,154	39,117	1,350,390	—	1,393,642	35,196	324,652	47,509,123
EDMONTON, Royal Alexandra	89,574,904	73,880	—	2,607,803	209,096	9,460,685	43,010	—	101,969,378
EDMONTON, Royal Elizabeth	—	—	—	—	—	—	61,750	—	61,750
EDMONTON, University of Alberta	121,604,733	269,968	—	5,126,694	—	27,260,387	1,860,567	—	156,122,349
EDSON, St. John's	2,214,156	1,526	14,096	60,339	—	5,324	—	—	2,295,441
ELK POINT, Elk Point Municipal	2,371,980	421	—	39,465	—	—	—	186,488	2,598,354
ELNORA, Elnora General	724,316	—	—	—	—	—	—	—	724,316
EMPRESS, Empress Municipal	636,990	—	—	987	—	—	—	—	637,977
FAIRVIEW, Fairview General	2,903,568	4,796	—	14,135	—	—	—	—	2,922,499
FORT MACLEOD, Macleod Municipal	1,826,292	454	—	9,453	—	—	8,209,106	—	10,045,305
FORT MCMURRAY, Fort McMurray Regional	16,912,896	69,002	—	686,349	119,882	—	—	—	17,788,129
FORT SASKATCHEWAN, Fort Saskatchewan General	2,648,856	2,124	—	25,555	—	—	—	—	2,676,535

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
FORT VERMILION, St. Theresa General	2,092,428	1,282	—	—	—	—	834,300	—	2,928,010
FOX CREEK, Fox Creek	718,056	2,020	—	—	—	—	—	—	720,076
GALAHAD, Galahad General	1,261,620	15	—	26,700	—	—	—	—	1,288,335
GLENDON, Glendon Municipal	871,912	—	—	687	—	—	—	—	872,599
GRANDE CACHE, Grande Cache General	1,093,488	—	—	17,915	—	—	—	14,950	1,126,353
GRANDE PRAIRIE, Queen Elizabeth II	18,329,016	16,383	—	13,406	—	—	16,588,742	—	34,947,547
GRIMSHAW, Grimshaw/Berwyn & District	957,988	—	—	1,246	—	—	—	—	959,234
HANNA, Hanna General	2,465,836	508	—	62,313	45,442	—	—	—	2,574,099
HARDISTY, Hardisty General	1,273,212	44	—	937	—	—	3,000	—	1,277,193
HIGH LEVEL, High Level Community Health Centre	1,773,508	3,934	—	40,561	—	—	—	—	1,818,003
HIGH PRAIRIE, High Prairie Regional Health Complex	4,612,176	15,437	—	20,495	19,364	—	—	—	4,667,472
HIGH RIVER, High River General	5,686,321	955	—	167,358	—	—	1,083,910	4,276	6,942,820
HINTON, Hinton General	2,911,452	2,851	—	32,706	9,722	—	—	—	2,956,731
HYTHE, Hythe Municipal	881,312	148	—	—	—	—	11,038	—	892,498
INNISFAIL, Innisfail Health Care Centre	2,515,804	8,014	—	—	—	—	—	—	2,523,818
ISLAY, Islay Municipal	562,428	145	—	130,453	26,396	—	—	249,845	969,267
JASPER, Seton General	1,523,260	5,764	—	12,232	—	5,664	—	—	1,546,920
KILLAM, Killam General	1,343,256	430	6,599	13,544	—	—	—	—	1,363,829
LAC LA BICHE, Lac La Biche General	4,498,008	1,901	—	21,000	—	—	—	—	4,520,909
LACOMBE, Lacombe General	2,823,420	381	—	56,939	—	—	2,113,162	—	4,993,902
LAMONT, Archer Memorial	2,300,352	230	32,517	31,562	—	—	—	—	2,364,661
LEDUC, Leduc General	2,245,776	922	—	59,516	—	—	437,964	—	2,744,178
LETHBRIDGE, Lethbridge Regional (General Centre)	14,962,620	9,730	—	788,481	—	—	5,173,918	7,579	20,942,328
LETHBRIDGE, Lethbridge Regional Lab.	4,026,636	—	—	158,244	—	—	—	—	4,184,880
LETHBRIDGE, St. Michael's General	13,617,496	7,102	105,867	227,241	230,277	—	—	80,852	14,268,835
LLOYDMINSTER, Lloydminster*	2,751,516	—	—	33,261	—	111,250	—	94,446	2,990,473
MAGRATH, Magrath Municipal	1,092,720	—	—	5,620	—	—	3,352,056	—	4,450,396
MANNING, Manning Municipal	1,561,056	911	—	46,118	36,601	—	—	346,914	1,991,600
MANVILLE, Manville Municipal	1,501,140	133	—	21,679	—	—	—	94,046	1,616,998

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
MAYERTHORPE, Mayerthorpe General	938,724	268	—	4,142	—	—	6,141,965	—	7,085,099
MCLENNAN, Sacred Heart	3,374,256	8,673	—	61,254	—	—	323,915	—	3,768,098
MEDICINE HAT, Medicine Hat and District (General Centre)	16,374,686	14,314	—	496,990	—	—	22,202,675	—	39,088,665
MILK RIVER, Border Counties General	979,932	3,446	—	23,537	—	—	—	57,613	1,064,528
MUNDARE, Mary Immaculate	734,580	—	9,007	7,368	—	—	—	—	750,955
MYRNAM, Myrnam Municipal	887,676	—	—	3,967	4,000	—	—	7,691	903,334
OLDS, Olds Municipal	2,112,708	850	—	14,851	—	—	820,725	—	2,949,134
OYEN, Big Country	1,221,468	227	—	7,327	9,000	—	2,358,107	—	3,596,129
PEACE RIVER, Peace River Municipal	4,227,574	3,662	—	55,978	18,919	—	—	—	4,306,133
PICTURE BUTTE, Picture Butte Municipal	943,344	119	—	27,322	—	—	—	157,140	1,127,925
PINCHER CREEK, Pincher Creek Municipal	3,346,764	1,181	—	—	—	—	—	—	3,347,945
PONOKA, Alberta Hospital	25,672,008	—	—	253,420	—	—	187,577	1,019,037	27,132,042
PONOKA, Ponoka General	2,828,040	2,867	—	25,145	—	—	3,586,595	—	6,442,647
PROVOST, Provost Municipal Health Care Centre	1,993,440	—	—	23,574	176,393	5,428	—	—	2,198,835
RAYMOND, Raymond Municipal	1,674,468	4,500	—	—	—	—	—	—	1,678,968
RED DEER, Red Deer General	35,123,040	35,620	—	303,851	—	56,925	—	—	35,519,436
RED DEER, Red Deer Regional Lab.	4,716,480	—	—	413,420	—	—	—	—	5,129,900
REDWATER, Redwater General	1,684,296	517	—	13,986	84,904	—	—	—	1,783,703
RIMBEY, Rimbey General	1,386,300	536	—	22,037	—	—	94,674	—	1,503,547
ROCKY MOUNTAIN HOUSE, Rocky Mountain House General	2,409,984	—	—	41,497	—	5,664	—	—	2,457,145
SLAVE LAKE, Slave Lake General	1,903,968	6,239	—	375,715	130,201	—	32,475	—	2,448,598
SMOKY LAKE, George McDougall Memorial	1,275,705	—	—	5,097	—	—	5,595,900	—	6,876,702
SPIRIT RIVER, Central Peace General	2,011,248	1,144	—	21,553	—	—	—	287,700	2,321,645
STETTLER, Stettler General	3,224,665	2,778	—	58,940	9,715	—	311,430	187,400	3,794,928
STONY PLAIN, Stony Plain Municipal	2,344,668	4,710	—	41,570	—	—	—	97,145	2,488,093
STRATHMORE, Valley General Hospital	358,200	—	—	—	—	—	4,737,228	—	5,095,428
ST. ALBERT, Sturgeon General	8,180,844	5,882	—	73,675	—	—	140,168	—	8,400,569
ST. PAUL, St. Therese General	3,715,532	4,727	—	82,673	—	11,136	2,194,288	—	6,008,356
SUNDRE, Sundre General	1,403,400	148	—	26,344	—	—	—	—	1,429,892
SWAN HILLS	—	—	—	—	—	—	5,418,917	—	5,418,917

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
TABER, Taber General	3,836,276	1,841	—	21,474	—	—	6,582,600	—	10,442,191
THREE HILLS, Three Hills Municipal	1,362,564	88	—	1,035	—	—	—	—	1,363,687
TOFIELD, Tofield Municipal	1,816,920	1,429	—	7,800	—	—	2,701,467	—	4,527,296
TROCHU, St. Mary's	1,240,908	98	12,930	21,095	—	—	2,588,760	—	3,863,791
TURNER VALLEY, Turner Valley Municipal	640,565	371	—	5,720	—	—	—	—	646,656
TWO HILLS, Two Hills Municipal	1,744,716	—	—	19,985	—	—	6,856,118	—	8,620,819
VALLEYVIEW, Valleyview Health Centre	2,448,648	7,510	—	12,645	—	—	—	—	2,468,803
VEGREVILLE, St. Joseph's General	3,620,691	693	18,016	97,158	30,288	10,850	—	110,660	3,888,356
VERMILION, Vermilion Health Care Complex	3,523,784	4,930	—	13,750	—	7,932	53,242	—	3,603,638
VIKING, Viking General	2,207,268	322	—	—	—	—	—	—	2,207,590
VILNA, Our Lady's	973,152	—	—	4,995	—	—	—	—	978,147
VULCAN, Vulcan General	1,526,192	—	—	869	—	—	—	—	1,527,061
WAINWRIGHT, Wainwright & Dist. Health Care Complex	2,455,893	325	—	42,878	39,794	—	—	—	2,538,890
WESTLOCK, Immaculata	3,712,798	—	28,228	83,984	6,460	—	—	—	3,831,470
WETASKIWIN, Wetaskiwin General	8,807,128	4,568	—	250,465	—	—	71,638	—	9,133,799
WHITECOURT, Whitecourt General	1,834,464	4,705	—	30,184	19,799	354	—	—	1,889,506
WILLINGDON, Mary Immaculate	1,033,320	130	6,455	143,793	298,983	—	—	13,916	1,496,597
Metro-Edmonton Hospital District #106	377,652	—	—	—	—	—	—	—	377,652
Alberta Cancer Board**	33,013,584	6,100	—	1,042,216	—	3,447,427	150,808	56,165	37,716,300
	$1,108,440,730	$1,192,936	$543,207	$29,291,930	$3,540,211	$71,667,630	$183,376,239	$7,319,167	$1,405,372,050

* Expenditure to an out-of-province hospital for Alberta residents utilizing the facility.

** Includes funding for: Tom Baker Cancer Centre, Calgary; Cross Cancer Institute, Edmonton; Lethbridge Cancer Clinic and peripheral cancer clinics in Grande Prairie, Medicine Hat, Peace River, and Red Deer.

STATEMENT D

DISTRIBUTION OF TOTAL EXPENDITURE BY AUXILIARY HOSPITAL
for the year ended March 31, 1985

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
ATHABASCA, Athabasca	$ 757,548	$ —	$ —	$ —	$ —	$ —	$ —	$ —	$ 757,548
BLACK DIAMOND, Oilfields Aux	406,467	—	—	—	—	—	—	—	406,467
BOW ISLAND, Bow Island	619,801	—	—	4,351	—	—	—	—	624,152
BROOKS, Brooks	742,572	—	—	4,259	—	—	—	—	746,831
CALGARY, Bethany	13,230,516	—	13,017	92,620	40,982	—	—	176,753	13,553,888
CALGARY, Colonel Belcher	5,110,020	—	—	11,136	—	—	—	—	5,121,156
CALGARY, A.H. & N.H. District #7*	13,961,196	—	—	99,148	144,280	—	144,522	95,924	14,445,070
CALGARY, Dr. Vernon Fanning Extended Care	10,501,823	—	—	66,943	46,395	—	—	15,700	10,630,861
CALGARY, Foothills	6,555,216	—	—	—	—	—	—	—	6,555,216
CAMROSE, Bethany	1,409,340	—	9,567	5,250	—	—	—	—	1,424,157
CANMORE	702,804	—	—	—	—	—	—	—	702,804
CARDSTON, Cardston	878,580	—	—	12,500	—	—	—	—	891,080
CLARESHOLM, Willow Creek-Claresholm	1,470,192	—	—	13,711	1,405	—	134,042	—	1,619,350
CORONATION	647,244	—	—	—	—	—	—	—	647,244
DIDSBURY, Mountain View Health Care Centre	1,541,484	—	—	22,042	—	—	—	—	1,563,526
DRAYTON VALLEY	845,928	—	—	—	—	—	—	—	845,928
DRUMHELLER, Regional Health Complex	907,260	—	—	6,040	—	—	—	—	913,300
EDMONTON, Allen Gray	1,595,436	—	3,952	22,660	3,293	—	—	—	1,625,341
EDMONTON, Dickinsfield Extended Care Centre	7,447,164	—	—	40,944	—	—	—	—	7,488,108
EDMONTON, Good Samaritan	5,897,280	—	50,968	37,035	—	—	471,997	—	6,457,280
EDMONTON, Mewburn Veterans Centre	3,718,404	—	—	—	—	—	—	—	3,718,404
EDMONTON, Millwoods Shepherd's Care Centre	1,924,236	—	—	—	—	—	—	—	1,924,236
EDMONTON & RURAL A.H. & N.H. District #24**	17,951,760	—	—	46,195	88,434	—	—	1,559,996	19,646,385
EDMONTON, St. Joseph's	5,732,112	—	50,034	32,505	35,060	—	—	—	5,849,711
EDMONTON, St. Michael's	2,557,415	—	—	—	—	—	—	—	2,557,415
EDMONTON, University of Alberta, Aberhard Pavilion	1,712,064	—	—	—	—	—	—	—	1,712,064
EDMONTON, Youville Memorial	15,412,236	56	—	—	—	47,364	—	—	15,459,656

Institution	Operating Support	Bad Debts	Equity Interest	Major Equipment Grants	Extra-Ordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
GRANDE PRAIRIE, Queen Elizabeth II	1,617,144	—	—	6,774	—	—	69,249	—	1,693,167
HIGH RIVER, High River	887,336	—	—	—	—	—	—	—	887,336
INNISFAIL, Innisfail Health Care Centre (Aux.)	1,243,152	—	—	—	—	—	—	—	1,243,152
ISLAY, Islay	633,492	—	—	—	—	—	—	—	633,492
KILLAM, Flagstaff	1,444,512	—	—	13,916	51,389	—	—	307,223	1,817,040
LAC LA BICHE, Lac La Biche	863,832	—	—	—	—	—	—	—	863,832
LACOMBE, Lacombe	611,952	—	—	—	—	—	—	—	611,952
LAMONT, Archer Memorial	497,796	—	—	—	—	—	—	—	497,796
LAMONT, Lamont	1,469,580	—	—	14,623	—	—	—	322,650	1,806,853
LETHBRIDGE, Lethbridge Regional (Rehab. Centre)	3,465,732	2,742	—	25,424	—	—	—	—	3,493,898
LLOYDMINSTER, Lloydminster	1,155,240	—	—	11,548	—	—	—	165,110	1,331,898
MEDICINE HAT, Medicine Hat & District									
MUNDARE, Mundare	598,524	—	—	4,191	—	—	—	107,700	710,415
PEACE RIVER, Peace River - Fairview	1,385,256	—	—	5,250	106,308	—	—	693,688	2,190,502
PINCHER CREEK, Pincher Creek	693,060	—	—	3,716	—	—	—	—	696,776
RADWAY, Radway Health Care Centre	862,812	138	—	20,703	—	—	—	103,125	986,778
RED DEER, Dr. Richard Parsons	3,361,180	—	—	10,500	—	—	—	—	3,371,688
RIMBEY, Rimbey	1,459,812	—	—	—	—	—	—	—	1,459,812
ROCKY MOUNTAIN HOUSE, Rocky Mountain House	634,668	—	—	2,100	—	—	—	—	636,768
STETTLER, Dr. A.E. Kennedy	1,651,576	—	—	8,998	—	—	—	—	1,660,574
THREE HILLS	666,636	—	—	—	—	—	—	—	666,636
TURNER VALLEY	286,845	—	—	—	—	—	—	—	286,845
VEGREVILLE, Vegreville	1,430,160	—	—	25,134	3,950	—	—	213,911	1,673,155
WAINWRIGHT, Wainwright & District Health Centre	1,414,608		—	—	4,708	—	—	3,965,550	5,384,866
WESTLOCK, Thorhild-Westlock	1,992,916	—	—	30,026	50,775	—	—	—	2,073,717
WETASKIWIN, Wetaskiwin	1,601,424	3,035	—	17,558	—	—	—	1,622,017	
WHITELAW, Hotel Dieu Of St. Jose	1,011,228	—	—	10,170	—	—	—	—	1,021,398
Total	$160,576,167	$5,971	$127,538	$743,178	$572,271	$47,364	$4,785,360	$3,761,780	$170,619,629

* CALGARY, Auxiliary Hospital and Nursing Home DISTRICT #7 includes: — Cross Bow — Glenmore Park — Sarcee

** EDMONTON & RURAL, Auxiliary Hospital and Nursing Home DISTRICT #24 includes: — Grandview Extended Care Centre — Lynnwood Extended Care Centre

— Norwood Extended Care Centre

STATEMENT E

DISTRIBUTION OF TOTAL EXPENDITURE BY NURSING HOME
for the year ended March 31, 1985

Nursing Homes	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
ATHABASCA, Extendicare	$ 687,751	$ —	$ —	$ —	$ —	$ —	$ 687,751
BARRHEAD, Barrhead	810,816	—	—	—	5,240,809	—	6,051,625
BLAIRMORE, Crowsnest Pass	991,100	7,317	—	—	—	—	998,417
BONNYVILLE, Extendicare	692,858	—	—	—	—	—	692,858
BROOKS, Health Centre	792,346	—	—	—	—	—	792,346
CALGARY, Bethany Care Centre	1,013,318	—	—	—	—	—	1,013,318
CALGARY, Beverly	2,359,315	—	—	—	—	—	2,359,315
CALGARY, Bow-Crest	1,986,433	—	—	—	—	—	1,986,433
CALGARY, Bow View	2,018,176	—	—	—	—	—	2,018,176
CALGARY, Brentwood	1,569,709	—	—	—	—	—	1,569,709
CALGARY, Cedars Villa	3,247,667	—	—	—	—	—	3,247,667
CALGARY, Central Park Lodge	1,603,534	—	—	—	—	—	1,603,534
CALGARY, Chinook	1,882,367	—	—	—	—	—	1,882,367
CALGARY, Extendicare	1,218,082	—	—	—	—	—	1,218,082
CALGARY, Father Lacombe	1,315,441	—	—	—	—	—	1,315,441
CALGARY, Forest Grove Care Centre	2,889,334	—	—	—	—	—	2,889,334
CALGARY, George Boyack	2,852,742	18,080	—	—	—	—	2,870,822
CALGARY, Glamorgan	724,623	—	—	—	—	—	724,623
CALGARY, Mayfair	1,808,150	—	—	—	—	—	1,808,150
CALGARY, Sarcee	1,001,584	—	—	—	—	—	1,001,584
CALGARY, Scottish	623,225	—	—	—	—	—	623,225
CALGARY, Southwood	1,532,541	—	—	—	—	—	1,532,541
CAMROSE, Bethany	1,347,367	—	—	—	—	—	1,347,367
CARDSTON, Grandview	521,264	—	—	—	—	—	521,264
CORONATION, Coronation-Paintearth	578,916	2,505	—	—	—	—	581,421
DIDSBURY, Mountain View Health Care Centre	699,892	9,827	—	—	—	—	709,719
DRAYTON VALLEY	232,102	—	—	—	—	—	232,102
DRUMHELLER, Regional Health Complex	1,030,080	5,900	—	—	—	—	1,035,980
EDMONTON, Central Park Lodge	1,725,005	—	—	—	—	—	1,725,005

STATEMENT E cont'd.

Nursing Homes	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
EDMONTON, Dickinsfield Extended Care Centre	1,563,487	—	—	—	—	289,549	1,853,036
EDMONTON, Dr. Angus McGugan Pavilion	2,947,106	—	—	—	—	—	2,947,106
EDMONTON, Extendicare North	1,567,039	—	—	—	—	—	1,567,039
EDMONTON, Extendicare South	1,224,298	—	—	—	—	—	1,224,298
EDMONTON, Good Samaritan Mount Pleasant	2,399,900	—	—	—	—	—	2,399,900
EDMONTON, Good Samaritan Southgate	2,930,565	—	—	—	—	—	2,930,565
EDMONTON, Hardisty	2,832,563	—	—	—	—	—	2,832,563
EDMONTON, Jasper Place Central Park Lodge	1,348,309	—	—	—	—	—	1,348,309
EDMONTON, Jubilee Lodge	1,654,079	—	—	—	—	—	1,654,079
EDMONTON, Millwoods Shepherds Care Centre	1,627,029	—	—	—	—	—	1,627,029
EDMONTON, Roger Parker Pavilion	1,932,470	—	—	—	—	—	1,932,470
EDMONTON, St. Michael's	1,586,122	—	—	—	—	—	1,586,122
EDMONTON, Venta	876,701	—	—	—	—	—	876,701
EDSON, Edson	878,921	—	—	—	—	—	878,921
FAIRVIEW, Fairview	531,548	—	—	—	—	—	531,548
FORT MACLEOD, Extendicare	557,732	—	—	—	—	—	557,732
FORT SASKATCHEWAN, Rivercrest Lodge	942,624	—	—	—	—	—	942,624
GRANDE PRAIRIE, Central Park Lodge	1,130,768	—	—	—	—	—	1,130,768
GRANDE PRAIRIE, Queen Elizabeth II	668,585	—	—	—	—	—	668,585
HANNA, Palliser	680,964	—	—	—	—	—	680,964
HIGH PRAIRIE, J.B. Wood	698,530	993	—	—	—	—	699,523
HIGH RIVER, High River	1,142,750	—	—	—	—	—	1,142,750
HYTHE, Hythe	356,906	—	—	—	—	—	356,906
LACOMBE, Lacombe	546,435	—	—	—	—	—	546,435
LAMONT, Lamont	468,963	1,588	—	—	—	—	470,551
LEDUC, Extendicare	1,059,680	—	—	—	—	—	1,059,680
LEDUC, Salem Manor	1,584,304	—	—	—	—	—	1,584,304
LETHBRIDGE, Edith Cavell	1,355,305	—	—	—	—	—	1,355,305
LETHBRIDGE, Extendicare	1,045,307	—	—	—	—	—	1,045,307

Nursing Homes	Per Diem Support	Major Equipment Grants	Extraordinary Maintenance	Other Program Support	Major Capital Construction	Other Capital Costs	Total
LETHBRIDGE, Southland	1,984,569	7,800	—	—	—	—	1,992,369
LINDEN, Linden	524,930	—	—	—	—	—	524,930
LLOYDMINSTER, Dr. Cooke	893,175	—	—	—	—	—	893,175
MAYERTHORPE, Extendicare	659,875	—	—	—	—	—	659,875
MCLENNAN, Our Lady of the Lake	873,643	—	—	—	—	—	873,643
MEDICINE HAT, Central Park Lodge	1,703,341	—	—	—	—	—	1,703,341
MEDICINE HAT, Sunnyside	1,362,910	—	—	—	—	—	1,362,910
PEACE RIVER, Sutherland	944,545	—	84,942	—	—	327,313	1,356,800
PONOKA, Northcott Lodge	948,847	—	—	—	—	—	948,847
PROVOST, Provost Municipal Health Care Centre	833,093	—	—	—	—	15,382	848,475
RED DEER, Red Deer	1,586,781	—	—	—	—	—	1,586,781
RED DEER, Valley Park Manor	1,342,346	—	—	—	—	—	1,342,346
RED DEER, West Park	938,060	—	—	—	—	—	938,060
ST. ALBERT, Youville	2,086,140	—	—	—	—	—	2,086,140
ST. PAUL, Extendicare	984,491	—	—	—	—	—	984,491
SHERWOOD PARK, Sherwood Park	1,334,222	—	—	—	—	—	1,334,222
SMOKY LAKE, Smoky Lake	484,178	—	—	—	—	—	484,178
STETTLER, Stettler	839,015	—	12,000	—	—	—	851,015
STONY PLAIN, Good Samaritan	1,197,669	—	—	—	—	—	1,197,669
STRATHMORE	18,856	—	—	—	—	—	18,856
TWO HILLS, Two Hills	622,454	—	—	—	—	—	622,454
VEGREVILLE, Vegreville	628,670	3,547	—	—	—	—	632,217
VERMILION, Vermilion Health Care Complex	998,215	—	—	—	—	—	998,215
VIKING, Extendicare	838,122	—	—	—	—	—	838,122
VULCAN, Extendicare	507,505	—	—	—	—	—	507,505
WESTLOCK, Westlock	781,039	—	—	—	—	—	781,039
WETASKIWIN, Wetaskiwin	676,296	—	—	—	—	—	676,296
BONNYVILLE, A.H. & N.H. District #29	—	—	—	6,969	—	—	6,969
LAC ST ANNE-Whitecourt District #27	—	—	—	1,968	—	—	1,968
Total	$104,487,715	$57,557	$96,942	$8,937	$5,240,809	$632,244	$110,524,204

STATEMENT F

DISTRIBUTION OF TOTAL EXPENDITURE BY OTHER FACILITIES
for the year ended March 31, 1985

Other Facilities	Operating Support
BONNYVILLE, Duclos Hospital	$ 912,495
CARDSTON, Blood Indian Hospital	202,595
CHATEH, Hay Lake Nursing Station	182,912
FORT CHIPEWYAN, Fort Chipewyan Nursing Station	137,168
FOX LAKE, Fox Lake Nursing Station	55,839
GLEICHEN, Blackfoot Indian Hospital	320,044
MEDLEY, Canadian Base Hospital	644,371
Total	$2,455,424

STATUS OF CAPITAL CONSTRUCTION PROJECTS
March 31, 1985

LOCATION	NAME OF FACILITY	PROJECT	RATED BED CAPACITY Prior to Construction ACT	AUX	NH	Upon Completion ACT	AUX	NH	STATUS OF CONSTRUCTION
BANFF	Mineral Springs Hospital	Replacement	49	—	—	41	25	—	Design
BARRHEAD	Barrhead General and Nursing Home	Replacement	67	20	52	87	25	75	Construction
BLACK DIAMOND	Oilfields General Hospital	Replacement	26	—	—	26	23	—	Completed
BLAIRMORE	Crowsnest Pass General Hospital	Replacement	62	—	66	40	20	40	Planning
BONNYVILLE	St. Louis Hospital	Replacement	64	—	—	72	20	—	Construction
BOW ISLAND	Bow Island General Hospital	Addition	20	20	—	20	50	—	Construction
CALGARY	Cross Bow Auxiliary Hospital	Replacement	—	100	—	—	100	—	Planning
	Calgary General Hospital	Rejuvenation							Planning
	Holy Cross Hospital	Rejuvenation							Planning
	Northeast Hospital	New facility	—	—	—	496	—	—	Construction
	Rockyview General Hospital	Addition and renovations	194	—	—	542	—	—	Construction
	Salvation Army Grace Hospital	Renovations	116	—	—	116	—	—	Construction
CAMROSE	Bethany Auxiliary Hospital	Replacement	—	50	100	—	70	127	Planning
	St. Mary's Hospital	Replacement	121	—	—	122	—	—	Design
CANMORE	Canmore Municipal Hospital	Replacement	21	—	—	51	23	—	Completed
CLARESHOLM	Willow Creek-Claresholm Auxiliary	Replacement	—	50	—	—	50	50	Design
COLD LAKE	John Neil Hospital	Replacement	47	—	—	67	15	25	Construction
CONSORT	Consort Municipal Hospital	Replacement	24	—	—	22	—	—	Completed
CORONATION	Coronation-Paintearth Nursing Home	Replacement	27	—	33	26	20	33	Completed
DEVON	Devon Civic Hospital	Replacement	12	—	—	26	—	—	Completed
DIDSBURY	Didsbury Municipal Hospital	Replacement	37	—	—	52	—	—	Completed
DRAYTON VALLEY	Drayton Valley General Hospital	Renovations and expansion	49	—	—	52	30	20	Completed
EDMONTON	Alberta Hospital	Master Plan							Planning
	Dr. W.W. Cross Cancer Institute	Master Plan							Planning

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.
Bassinets are included in the ACT bedcount (three bassinets equal one acute bed)
Due to changes made after construction, beds prior to construction may not be the same as present approved beds.

LOCATION	NAME OF FACILITY	PROJECT	RATED BED CAPACITY Prior to Construction ACT	AUX	NH	Upon Completion ACT	AUX	NH	STATUS OF CONSTRUCTION
EDMONTON	Edmonton General Hospital	Renovations	604	—	—	604	—	—	Completed
	Edmonton General Hospital	Rejuvenation							Planning
	Glenrose Rehabilitation Hospital	Replacement	309	—	—	277	—	—	Design
	Good Samaritan Auxiliary Hospital	Replacement	—	200	—	—	200	—	Design
	Millwoods Area Hospital	New facility	—	—	—	496	—	—	Construction
	Millwoods Shepherd's Care Nursing Home	Conversion	—	—	75	—	72	75	Completed
	Misericordia Hospital	Master Plan							
	Royal Alexandra Hospital	Rejuvenation							Planning
	St. Michael's Nursing Home	Conversion	—	—	75	—	75	75	Planning
	University of Alberta Hospital	Communications Corridor							Completed
	University of Alberta Hospital	Clinical Services Wing							Planning
FORT MACLEOD	MacLeod Municipal Hospital	Replacement and addition	35	—	—	43	30	—	Construction
FORT VERMILION	St. Theresa General Hospital	Staff Residence							Construction
GRANDE PRAIRIE	Queen Elizabeth II Hospital	Renovations and new construction	139	50	50	247	110	100	Construction
GRIMSHAW	Grimshaw/Berwyn & District Hospital	New facility	22	—	—	26	—	—	Completed
HARDISTY	Hardisty General Hospital	Replacement	22	—	—	22	—	—	Completed
LACOMBE	Lacombe General Hospital	Replacement and addition	53	18	34	53	25	50	Construction
LEDUC	Leduc General Hospital	Addition and renovations	37	—	—	110	—	—	Design
LETHBRIDGE	Lethbridge Regional Hospital	Replacement	215	100	—	330	100	—	Construction
LLOYDMINSTER	Lloydminster Hospital	Replacement	96	—	—	125	—	—	Design
MAGRATH	Magrath Municipal Hospital	Replacement	28	—	—	28	—	—	Completed
MAYERTHORPE	Mayerthorpe General Hospital	Replacement	23	—	—	26	—	—	Construction

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.
Construction: Covers activities from contract award to completion of construction.
Bassinets are included in the ACT bedcount (three bassinets equal one acute bed)
Due to changes made after construction, beds prior to construction may not be the same as present approved beds.

STATUS OF CAPITAL PROJECTS cont'd.

LOCATION	NAME OF FACILITY	PROJECT	RATED BED CAPACITY Prior to Construction ACT	AUX	NH	Upon Completion ACT	AUX	NH	STATUS OF CONSTRUCTION
MCLENNAN	McLennan General Hospital and Nursing Home District	Replacement and renovations	63	—	50	53	20	50	Design
MEDICINE HAT	Medicine Hat and District (Gen Ctr)	New facility and renovations	244	100	—	307	136	—	Construction
OLDS	Olds Municipal Hospital	Replacement	45	—	—	53	25	25	Construction
OYEN	Big Country Hospital	Renovation and addition	33	—	—	29	15	15	Construction
PONOKA	Alberta Hospital	Master Plan							Planning
	Alberta Hospital	Brain Injury Unit	—	—	—	—	—	—	Planning
	Alberta Hospital	Activity and Treatment Ctr							Planning
	Ponoka General Hospital	Replacement and addition	53	—	—	54	30	—	Construction
RIMBEY	Rimbey General Hospital	Renovations and addition	34	29	—	29	45	—	Completed
SLAVE LAKE	Slave Lake General Hospital	Replacement	41	—	—	43	—	30	Planning
SMOKY LAKE	George McDougall Memorial Hospital	Replacement	27	—	—	26	22	—	Construction
ST. ALBERT	Sturgeon General Hospital	Replacement	105	—	—	200	—	—	Planning
ST. PAUL	St. Therese General Hospital	Addition and renovations	81	—	—	91	30	—	Construction
STETTLER	Stettler General Hospital	Replacement and renovations	52	50	50	52	50	50	Design
STRATHMORE	Valley General Hospital	New facility	—	—	—	26	—	23	Completed
SWAN HILLS	Swan Hills Hospital	New facility	—	—	—	21	—	—	Construction
TABER	Taber General Hospital	Replacement	70	—	—	48	20	50	Construction
THREE HILLS	Three Hills Municipal Hospital	Replacement	23	—	—	27	23	—	Completed
TOFIELD	Tofield Municipal Hospital	Replacement	34	—	—	40	20	30	Construction
TROCHU	St. Mary's Hospital	Addition and renovations	15	15	—	15	15	25*	Completed
TWO HILLS	Two Hills Health Care Centre	Replacement and expansion	40	—	30	45	20	40	Construction

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.
Construction: Covers activities from contract award to completion of construction.
Bassinets are included in the ACT bedcount (three bassinets equal one acute bed)
Due to changes made after construction, beds prior to construction may not be the same as present approved beds.

* as of March 31, 1985 these beds were not in operation

STATUS OF CAPITAL PROJECTS cont'd.

LOCATION	NAME OF FACILITY	PROJECT	RATED BED CAPACITY Prior to Construction ACT	AUX	NH	Upon Completion ACT	AUX	NH	STATUS OF CONSTRUCTION
VULCAN	Vulcan General Hospital	Replacement	39	—	—	26	—	—	Completed
WAINWRIGHT	Wainwright General Hospital	Replacement and renovations	51	50	—	52	75*	—	Construction
WETASKIWIN	Wetaskiwin General Hospital	Replacement and renovations	140	50	50	140	50	80	Planning
	Alberta Heritage Savings and Trust Fund								
CALGARY	Alberta Children's Provincial General Hospital	Replacement and expansion	128	—	—	128	—	—	Construction
CALGARY	Tom Baker Cancer Centre, and Specialty Services Facility	Addition				outpatient centre only			Construction
EDMONTON	Walter C. Mackenzie Health Sciences Centre, excluding Aberhart Centre	Replacement	1038	40	—	843	—	—	Construction

Note: Planning: Covers activities from approval of project request to project scope definition.
Design: Covers activities from project scope definition to contract award.
Construction: Covers activities from contract award to completion of construction.
Construction: Covers activities from contract award to completion of construction.
Bassinets are included in the ACT bedcount (three bassinets equal one acute bed)
Due to changes made after construction, beds prior to construction may not be the same as present approved beds.

* as of March 31, 1985 these beds were in operation.

Hospitals And Nursing Homes Operating In Alberta

Alberta

HOSPITALS AND MEDICAL CARE

MARCH 1985

GENERAL HOSPITAL DISTRICT ——

GENERAL HOSPITAL ■

AMBULATORY CARE FACILITY (AC)

FEDERAL NURSING STATION (FN)

Multiple facilities are indicated (2)

HOSPITALS AND NURSING HOMES OPERATING IN ALBERTA

GENERAL HOSPITALS:

At March 31, 1985, there were 126 general hospitals operating in Alberta, including 124 public general hospitals which were approved by the Minister of Hospitals and Medical Care, and two federal general hospitals. Twenty of these general hospitals operated long-term care beds. In addition, five ambulatory facilities provided health care services during 1984-85.

The total capacity of all public and federal general hospitals was 12,928 adult and children beds (including 604 long-term care beds) providing a ratio of 5.5 beds per 1,000 population. A total of 408,868 patients were separated from general hospitals during 1984-85, averaging 175.0 separations per 1,000 population.

AUXILIARY HOSPITALS:

Auxiliary hospitals are designed and operated for persons, usually chronically ill or disabled, who require a less intensive level of care than is provided in general hospitals. For some, treatment results in rehabilitation to a point that return to the community or transfer to a nursing home or other residential facility is possible. For others, nursing and medical care is provided for an extended period, even though there is little prospect of rehabilitation.

There were 41 auxiliary hospitals operating in the province at March 31, 1985, with a total capacity of 4,136 beds. These beds, together with 604 beds in long-term care units in general hospitals, provided a ratio of 2.0 long-term beds per 1,000 total population, and 26.3 beds per 1,000 population 65 years of age and older.

MENTAL HEALTH HOSPITALS:

Two mental health hospitals, providing acute and long-term psychiatric care, had a total capacity of 1,053 beds at March 31, 1985, averaging 0.4 beds per 1,000 population. A total of 2,183 patients were separated from these hospitals during 1984-85 averaging 0.9 separations per 1,000 population.

NURSING HOMES:

Nursing homes provide supervised, personal care for persons who are not ill enough to require hospitalization in a general or auxiliary hospital, but require assistance in coping with activities of daily living. There are three kinds of nursing home ownership in Alberta — private, voluntary and district. Under the Alberta nursing home plan, eligible Alberta residents receive per diem benefits in those homes which are under contract with the Minister of Hospitals and Medical Care to provide care under the terms and provisions of the Nursing Homes Act.

At March 31, 1985, there was a total capacity of 7,694 beds in 85 nursing homes, averaging 42.6 beds per 1,000 population 65 years of age and older.

TABLE		PAGE
1.	HOSPITAL UTILIZATION — SELECTED INDICATORS	54
2.	DISTRIBUTION OF HOSPITALS, APPROVED BED COMPLEMENT AND AVERAGE PERCENTAGE OCCUPANCY BY TYPE AND SIZE OF HOSPITAL	56
3.	HOSPITALS BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT	57
4.	NURSING HOME UTILIZATION — SELECTED INDICATORS	61
5.	NURSING HOMES BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT	62
6.	BASIC HEALTH SERVICES — Persons Covered by Age and Sex	64
7.	AVERAGE FEE-FOR-SERVICE PAYMENTS BY DISCIPLINE	65
8.	AVERAGE GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS RECEIVING $20,000 OR MORE	66

GLOSSARY

GLOSSARY OF TERMS USED IN THE STATISTICAL TABLES 67

TABLE 1

HOSPITAL UTILIZATION
SELECTED INDICATORS
For the years ended March 31[1]

	General Hospitals[2]			Auxiliary Hospitals			Mental Health Hospitals		
	1984	1985	Percentage Change	1984	1985	Percentage Change	1984	1985	Percentage Change
Number of Facilities as at March 31	125	126	0.8%	39	41	5.1%	2	2	—
Approved Bed Complement as at March 31[3]									
Adults and Children	12,700	12,928	1.8%	4,057	4,136	1.9%	1,053	1,053	—
Bassinets	1,639[r]	1,639	—	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Approved Bed Complement per 1,000 Population[4],[5]	5.4	5.5	1.9%	1.7	1.8	5.9%	0.4	0.4	—
Average Percentage Occupancy[6],[7]									
Adults and Children	69.9	71.2	n.a.	94.2	94.1	n.a.	90.3[r]	89.2	n.a.
Newborn	41.0[r]	39.1	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Admissions[6]									
Adults and Children	405,526	409,545	1.0%	4,380	4,296	-1.9%	1,988[r]	2,198	10.6%
Newborn	45,002	43,547	-3.2%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Separations[6]									
Adults and Children	405,396	408,868	0.9%	4,308	4,169	-3.2%	2,038[r]	2,183	7.1%
Newborn	44,991	43,574	-3.1%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Separations per 1,000 Population[4],[6],[8]	173.0[r]	175.0	1.2%	1.8	1.8	—	0.9[r]	0.9	—
Total Days Stay of Separations[6]									
Adults and Children	3,194,095	3,270,833	2.4%	1,322,799	1,330,516	0.6%	380,267[r]	366,539	-3.6%
Newborn	245,748	225,416	-8.3%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Average Length of Stay[6]									
Adults and Children	7.9	8.0	1.3%	307.1	319.1	3.9%	186.6[r]	167.9	-10.0%
Newborn	5.5	5.2	-5.5%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Patient-Days During The Year[6]									
Adults and Children	3,247,482	3,360,658	3.5%	1,398,711	1,420,761	1.6%	348,047[r]	342,856	-1.5%
Newborn	245,699	233,705	-4.9%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Patient-Days per 1,000 Population[4],[6],[8]	1,385.5[r]	1,438.3	3.8%	596.7[r]	608.0	1.9%	148.5[r]	146.7	-1.2%
Average Daily Number of Patients[6]									
Adults and Children	8,872.9	9,207.3	3.8%	3,821.6	3,892.5	1.9%	950.9[r]	939.3	-1.2%
Newborn	671.3	640.3	-4.6%	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Total Paid Hours[9]	58,280,323[11]	60,086,784	3.1%	9,147,314[12,13]	8,971,222	-1.9%	3,836,734	3,794,047	-1.1%
Full-Time Equivalent Employees[9],[10]	28,812.4[11]	29,705.5	3.1%	4,522.2[12,13]	4,435.2	-1.9%	1,896.8	1,875.7	-1.1%
Paid Hours per Patient-Day[4],[6],[9]	18.0[11]	17.9	-0.6%	6.2[12,13]	6.3	1.6%	11.0[r]	11.1	0.9%

Notes pertaining to TABLE 1 appear on the following page.

NOTES PERTAINING TO HOSPITAL UTILIZATION SELECTED INDICATORS
For the years ended March 31, 1984 and 1985

NOTES: r: Revised. n.a.: Not applicable.

(1) Source: Annual Return of Health Care Facilities - Hospitals - Part One, 1983-84 and 1984-85. The information is that reported to the department by individual hospitals and includes all amendments submitted to the department on or before April 4, 1985 and March 4, 1986, respectively.

(2) Includes all public and federal general hospitals. Excludes the Blackfoot Health Centre in Gleichen and federal nursing stations which provide ambulatory care services only. Data for the St. Martin's Health Centre in Desmarais were consolidated with the Slave Lake General Hospital data.

(3) Number of beds and bassinets that the hospitals were approved to accommodate at March 31, 1984 and 1985, as approved by the department and Federal Government as at April 4, 1985 and March 4, 1986.

(4) Adults and children.

(5) Based on Statistics Canada's Quarterly Estimates of Population for Canada and Provinces, which placed Alberta's population at 2,340,900 and 2,344,600 as at April 1, 1984 and 1985, respectively.

(6) Includes residents and non-residents of Alberta separated from Alberta Hospitals.

(7) Based on total accumulated patient-days during the reporting year and total approved bed complement as at March 31 of the reporting year.

(8) Based on Statistics Canada's Quarterly Estimates of Population for Canada and Provinces, which placed Alberta's population at 2,343,900 and 2,336,600 as at October 1, 1983 and 1984, respectively.

(9) Excludes medical staff, interns and residents.

(10) Total paid hours divided by the normal paid hours of one full-time employee (2,022.75 hours).

(11) Excludes data for the Medley, Canadian Forces Hospital Cold Lake in 1983-84 and 1984-85.

(12) Includes data relating to the operation of the nursing homes within the Dickensfield and Lynnwood Extended Care Centres, for 1983-84 only.

(13) Excludes data for the Lacombe Auxiliary Hospital, in 1983-84 only.

TABLE 2

DISTRIBUTION OF HOSPITALS, APPROVED BED COMPLEMENT AND AVERAGE PERCENTAGE OCCUPANCY BY TYPE AND SIZE OF HOSPITAL For the year ended March 31, 1985[1]

Type of Hospital and Size	Hospitals		Approved Bed Complement[2]		Average Percentage Occupancy[3]
	Number	Percentage	Number	Percentage	
PUBLIC GENERAL HOSPITALS[4]					
1 - 24 Beds	14	11.3%	204	1.6%	53.7%
25 - 49 Beds	58	46.8%	1,918	14.9%	56.2%
50 - 99 Beds	30	24.2%	1,987	15.5%	65.7%
100 - 299 Beds	10	8.0%	1,798	14.0%	75.1%
300 Beds and Over	12	9.7%	6,942	54.0%	77.0%
TOTAL	124	100.0%	12,849	100.0%	71.5%
FEDERAL GENERAL HOSPITALS[5]					
1 - 24 Beds	—	—	—	—	—
25 - 49 Beds	1	50.0%	29	36.7%	42.5%
50 - 99 Beds	1	50.0%	50	63.3%	15.3%
100 - 299 Beds	—	—	—	—	—
300 Beds and Over	—	—	—	—	—
TOTAL	2	100.0%	79	100.0%	25.3%
TOTAL GENERAL HOSPITALS	126	n.a.	12,928	n.a.	71.2%
AUXILIARY HOSPITALS					
1 - 49 Beds	9	21.9%	241	5.8%	89.9%
50 - 99 Beds	15	36.6%	824	19.9%	92.7%
100 Beds and Over	17	41.5%	3,071	74.3%	94.8%
TOTAL	41	100.0%	4,136	100.0%	94.1%
MENTAL HEALTH HOSPITALS					
1 - 24 Beds	—	—	—	—	—
25 - 49 Beds	—	—	—	—	—
50 - 99 Beds	—	—	—	—	—
100 - 299 Beds	—	—	—	—	—
300 Beds and Over	2	100.0%	1,053	100.0%	89.2%
TOTAL	2	100.0%	1,053	100.0%	89.2%

NOTES:
n.a.: Not applicable.
(1) Source: see Table 1, note 1.
(2) Number of adult and children beds that the hospital was approved to accommodate at March 31, 1985, as approved by the department and Federal Government as at March 4, 1986.
(3) Based on total accumulated patient-days during 1984-85 and total approved bed complement as at March 31, 1985.
(4) Excludes St. Martin's Health Centre in Desmarais which provides ambulatory care services only.
(5) Excludes Blackfoot Health Care Centre in Gleichen and federal nursing stations which provide ambulatory care services only.

TABLE 3

HOSPITALS BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT as at March 31, 1985

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
PUBLIC GENERAL HOSPITALS				
Athabasca General and Auxiliary	District	30	23	5
* Banff, Mineral Springs	Religious	46		10
* Barrhead General	District	83		14
Bashaw General	District	30		7
* Bassano General	District	30		7
* Beaverlodge Municipal	District	30		9
* Bentley General	District	10		1
Black Diamond, Oilfield General	District	25	23	4
* * Bonnyville, Duclos	Lay Corp.	18		4
* Bonnyville, St. Louis	Religious	60		12
* Bow Island General	District	19	20	3
Boyle General	District	30		7
Breton General	District	30		7
* Brooks Health Centre	District	70		15
* Calgary, Alberta Children's Provincial General	Provincial	128		
* Calgary, Colonel Belcher	District	194	147	
* Calgary, Foothills Provincial General	Provincial	816		98
* Calgary General	Municipal	914		63
* Calgary, Holy Cross	District	532		82
* Calgary, Rockyview General	District	194		
* Calgary, Salvation Army Grace	Religious	100		50
* Camrose, St. Mary's	Religious	117		12
Canmore Municipal	District	49		8
* Cardston Municipal	District	60	34	14
Carmangay, Little Bow Municipal	District	16		1
* Castor, Our Lady of the Rosary	Religious	30		6
Cereal Municipal	District	9		2
* Claresholm General	District	43		6
* Coaldale Community	Lay Corp.	25		5
Cold Lake, John Neil	District	45		8
Consort Municipal	District	20		6
Coronation Municipal	District	25		4
Daysland General	District	30		7
Devon Civic	Municipal	25		4
* Didsbury, Mountain View Health Care Centre (General)	District	50		8
* Drayton Valley General	District	50	30	8
* Drumheller, Regional Health Complex (General Centre)	District	70		10
Eckville Municipal	District	26		5
* Edmonton, Charles Camsell	District	365		26
* Edmonton, Cross Cancer Institute	Provincial	76		
* Edmonton General	Religious	589		45
* Edmonton, Glenrose Rehabilitation	Provincial	309		
* Edmonton, Misericordia	Provincial[2]	558		100
* Edmonton, Royal Alexandra	Municipal	933		131
* Edmonton, University of Alberta	Provincial	1,196	40	117

TABLE 3 cont'd.

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
* Edson, St. John's	Religious	51		9
* Elk Point Municipal	District	32	10	4
Elnora General	District	10		3
Empress Municipal	District	10		3
Fairview General	District	50		10
* Fort Macleod, Macleod Municipal	District	32		11
* Fort McMurray Regional	District	142		24
* Fort Saskatchewan General	District	50		7
Fort Vermilion, St. Theresa General	District	36		5
Fox Creek Hospital	District	10		
Galahad General	District	40		9
Glendon Municipal	District	12		2
Grande Cache General	District	34		7
* Grande Prairie, Queen Elizabeth II Hospital (General Centre)	District	191	47	29
Grimshaw, Grimshaw/Berwyn and District	District	25		4
* Hanna General	District	50		9
Hardisty General	District	20		6
High Level Community Health Centre	District	25		10
* High Prairie Regional Health Complex	District	75		16
* High River General	District	65		8
* Hinton General	District	40		12
* Hythe Municipal	District	10		3
* Innisfail Health Care Centre	District	35	40	6
Islay Municipal	District	8	20	
Jasper, Seton General	District	33		8
* Killam General	Religious	30		7
* Lac La Biche, William J. Cadzow (General)	District	72	25	6
* Lacombe General	District	50		9
* Lamont, Archer Memorial	Religious	48	24	10
* Leduc General	District	35		8
* Lethbridge Regional (General Centre)	District	205		34
* Lethbridge, St. Michael's General	Religious	202		18
* McLennan, Sacred Heart	District	61		6
* Magrath Municipal	District	26		6
* Manning Municipal	District	34		8
Mannville Municipal	District	20	8	3
Mayerthorpe General	District	22		5
* Medicine Hat and District (General Centre)	District	237		23
Milk River, Border Counties General	District	27		7
Mundare, Mary Immaculate	Religious	10	20	
* Municipality of Crowsnest Pass, Crowsnest Pass General	District	41		6
Myrnam Municipal	District	20		8
* Olds Municipal	District	43		6
Oyen, Big Country	District	31		7
* Peace River Municipal	District	71		12
Picture Butte Municipal	District	25		6
* Pincher Creek Municipal	District	42	20	6
* Ponoka General	District	50		11
Provost Municipal Health Care Centre	District	31		4

TABLE 3 cont'd.

Location/Name	Ownership	Approved Bed Complement[1]		
		Adult and Children		Newborn Bassinets
		Acute	Auxiliary	
*Raymond Municipal	District	25		6
*Red Deer Regional Hospital Centre	District	349		42
*Redwater General	District	32		6
*Rimbey General	District	26		9
*Rocky Mountain House General	District	57	20	8
*St. Albert, Sturgeon General	District	100		17
*St. Paul, St. Therese General	District	75		18
Slave Lake General	District	39		7
Smoky Lake, George McDougall Memorial	District	25		6
*Spirit River, Central Peace General	District	42		6
*Stettler General	District	50		8
Stony Plain Municipal	District	27		7
Strathmore, Valley General Hospital and Extended Care Centre	District	25		4
*Sundre General	District	34		7
*Taber and District Health Care Complex (General)	District	66		12
Three Hills Health Care Centre (General)	District	25	23	6
Tofield Municipal	District	31		9
*Trochu, St. Mary's Health Care Centre	Religious	15	15	
*Two Hills Health Care Centre (General Centre)	District	37		9
Valleyview Health Centre	District	35		7
*Vegreville, St. Joseph's General	Religious	70		13
*Vermilion Health Care Complex	District	39	15	7
Viking General	District	32		6
Vilna, Our Lady's	District	17		3
*Vulcan General	District	25		5
*Wainwright and District Health Care Complex (General Centre)	District	49		9
*Westlock, Immaculata	Religious	80		11
*Wetaskiwin General	District	135		16
*Whitecourt General	District	34		7
Willingdon, Mary Immaculate	Religious	25		6
Total		12,245	604	1,629
FEDERAL GENERAL HOSPITALS				
Cardston, Blood Indian	Federal	29		
*Medley, Canadian Forces Hospital Cold Lake	Federal	50		10
Total		79		10
MENTAL HEALTH HOSPITALS				
*Edmonton, Alberta Hospital	Provincial	266	363	
Ponoka, Alberta Hospital	Provincial	64	360	
Total		330	723	
AMBULATORY CARE FACILITIES				
Chateh, Hay Lake Nursing Station	Federal			
Desmarais, St. Martin's Health Centre	District			
Fort Chipewyan Nursing Station	Federal			
Fox Lake Nursing Station	Federal			
Gleichen, Blackfoot Health Centre	Federal			

TABLE 3 cont'd.

Location/Name	Ownership	Approved Auxiliary Bed Complement(1)
AUXILIARY HOSPITALS		
*Brooks	District	25
*Calgary, Bethany Care Centre	Religious	417
*Calgary, Cross Bow	District	100
*Calgary, Dr. Vernon Fanning Extended Care Centre	District	300
Calgary Foothills	Provincial	180
*Calgary, Glenmore Park	District	200
*Calgary, Sarcee	District	100
*Camrose, Bethany	Religious	50
Canmore	District	23
*Claresholm, Willow Creek-Claresholm	District	50
Coronation, Coronation-Paintearth Auxiliary	District	20
*Didsbury, Mountain View Health Care Centre (Auxiliary)	District	50
*Drumheller, Regional Health Complex (Auxiliary Centre)	District	30
*Edmonton, Allen Gray	Lay Corp.	52
*Edmonton, Dickinsfield Extended Care Centre	District	200
*Edmonton, Good Samaritan	Religious	200
*Edmonton, Grandview Extended Care Centre	District	200
*Edmonton, Lynnwood Extended Care Centre	District	175
Edmonton, Millwoods Shepherd's Care Centre (Auxiliary Centre)	Religious	72
*Edmonton, Norwood Extended Care Centre	District	141
*Edmonton, St. Joseph's Hospital	Religious	198
Edmonton, St. Michael's	Lay Corp.	75
*Edmonton, Youville Memorial Hospital	Religious	210
Edmonton, Mewburn Veterans' Centre	Provincial	150
*High River	District	25
*Killam, Flagstaff	District	50
*Lacombe	District	18
*Lamont	District	50
*Lethbridge Rehabilitation Hospital (Rehabilitation Centre)	District	100
Lloydminster	District	50
*Medicine Hat and District (Auxiliary Centre)	District	100
*Peace River	District	50
Radway Health Care Centre	Municipal	20
*Red Deer, Dr. Richard Parsons	District	100
*Rimbey	District	45
*Stettler, Dr. A.E. Kennedy	District	50
*Vegreville	District	50
*Wainwright and District Health Care Complex (Auxiliary Centre)	District	75
Westlock, Thorhild-Westlock	District	50
*Wetaskiwin	District	50
Whitelaw, Hotel-Dieu of St. Joseph	District	35
Total		4,136

NOTES:

* Indicates that the hospital is accredited by the Canadian Council on Hospital Accreditation.

** Indicates a contract hospital.

(1) Number of beds and bassinets that the hospital was approved to accommodate at March 31, 1985 (as approved by the department and Federal Government as at March 4, 1986).

(2) The Misericordia Hospital is operated by the Alberta Catholic Hospitals Foundation.

TABLE 4

NURSING HOME UTILIZATION
SELECTED INDICATORS
For the years ended March 31[1]

	1983	1984	1985	Percentage Change	
				1984/1983	1985/1984
Number of Facilities as at March 31	80	83	85	3.8%	2.4%
Approved Bed Complement as at March 31[2]	7,340	7,590	7,694	3.4%	1.4%
Approved Bed Complement per 1,000 Population 65 Years and Older[2],[3]	41.8[r]	42.7[r]	42.6	2.2%	−0.2%
Average Percentage Occupancy[2],[4]	98.9	97.9	97.6	n.a.	n.a.
Patients Still-In at Beginning of the Year	7,195	7,269[5]	7,486[5]	1.0%	3.0%
Admissions	2,918	3,108	3,024	6.5%	−2.7%
Separations	2,832	2,886[r]	2,949	1.9%[r]	2.2%
Patients Still-In at End of the Year	7,281	7,491[r]	7,561	2.9%	0.9%
Patient-Days During the Year	2,649,874	2,720,663	2,741,760	2.7%	0.8%
Total Days Stay of Patients Still-In as at March 31	8,759,120	9,011,663[r]	9,265,628	2.9%	2.8%
Average Length of Stay of Patients Still-In as at March 31	1,203.0	1,203.0[r]	1,225.5	—	1.9%

NOTES:

r: Revised.

n.a.: Not applicable

(1) Source: Nursing Home Claims File, 1982-83 to 1984-85, compiled on the basis of information reported to the department by individual nursing homes on or before February 21, 1986.

(2) Number of beds that the nursing homes were approved to accommodate as at March 31 of each reporting year, as approved by the department as at February 21, 1986.

(3) Based on Statistics Canada's estimate of the population of Alberta and Alberta Bureau of Statistics' estimate of the proportion of the Alberta population 65 years of age and older as at April 1, 1983 to 1985.

(4) Based on total accumulated patient-days during the reporting year and total approved bed complement as at March 31 of the reporting year.

(5) Does not equal the number of patients still-in at the end of the previous year. This discrepancy occurs because amendments to the Nursing Home Claims File are not made retroactively to prior years.

TABLE 5

NURSING HOMES BY LOCATION, OWNERSHIP AND APPROVED BED COMPLEMENT as at March 31, 1985

Location/Name	Ownership	Approved Bed Complement[1]
Athabasca, Extendicare (Alberta) Ltd.	Private	50
Barrhead	District	52
Bonnyville, Extendicare (Alberta) Ltd.	Private	50
*Brooks Health Centre	District	50
*Calgary, Bethany Care Centre	Religious	75
Calgary, Beverly	Private	182
Calgary, Bow-Crest	Private	150
Calgary, Bow View	Private	154
Calgary, Brentwood	Private	120
Calgary, Cedars Villa	Private	248
*Calgary, Central Park Lodge	Private	123
Calgary, Chinook	Private	149
Calgary, Father Lacombe	Religious	100
*Calgary, Forest Grove Care Centre	Private	225
*Calgary, George Boyack	District	222
Calgary, Glamorgan	Private	55
Calgary, Mayfair	Private	142
Calgary, Extendicare (Alberta) Ltd.	Private	96
*Calgary, Sarcee	District	75
Calgary, Scottish	Private	46
Calgary, Southwood	Private	120
*Camrose, Bethany	Religious	100
Cardston, Grandview	District	40
*Coronation, Coronation-Paintearth	District	33
*Didsbury, Mountain View Health Care Centre (Nursing Home)	District	40
*Drayton Valley and District Health Complex (Nursing Home)	District	20
*Drumheller, Regional Health Complex (Nursing Home)	District	80
*Edmonton, Central Park Lodge	Private	134
*Edmonton, Dickinsfield Extended Care Centre	District	100
*Edmonton, Dr. Angus McGugan Pavilion	District	225
*Edmonton, Good Samaritan Mount Pleasant Care Centre	Religious	196
*Edmonton, Good Samaritan (Southgate)	Religious	225
Edmonton, Hardisty	Private	226
*Edmonton, Jasper Place Central Park Lodge	Private	100
Edmonton, Jubilee Lodge	Private	128
*Edmonton, Lynnwood Extended Care Centre Roger Parker Pavilion	District	147
*Edmonton, Extendicare (Alberta) Ltd. (North)	Private	120
Edmonton, Extendicare (Alberta) Ltd. (South)	Private	95
Edmonton, Millwoods Shepherd's Care Centre	Religious	75
Edmonton, St. Michael's	Lay Corp.	75
Edmonton, Venta	Private	65
*Edson	District	50
Fairview	District	40
*Fort Macleod, Extendicare (Alberta) Ltd.	Private	50

TABLE 5 cont'd.

Location/Name	Ownership	Approved Bed Complement(1)
Fort Saskatchewan, Rivercrest Lodge	Private	70
Grande Prairie, Central Park Lodge	Private	88
*Grande Prairie, Queen Elizabeth II (Nursing Home)	District	50
*Hanna, Palliser	District	50
*High Prairie, J.B. Wood	District	52
*High River	District	50
Hythe	District	25
*Lacombe	District	34
*Lamont	District	31
*Leduc, Extendicare (Alberta) Ltd.	Private	79
Leduc, Salem Manor	Religious	100
Lethbridge, Edith Cavell	Private	100
Lethbridge, Extendicare (Alberta) Ltd.	Private	120
*Lethbridge, Southland	District	150
Linden	Religious	37
Lloydminster, Dr. Cooke	District	75
*McLennan, Our Lady of the Lake	District	50
Mayerthorpe, Extendicare (Alberta) Ltd.	Private	50
Medicine Hat, Central Park Lodge	Private	130
Medicine Hat, Sunnyside	Religious	100
*Municipality of Crowsnest Pass, Crowsnest Pass	District	66
*Peace River, Sutherland	District	76
Ponoka, Northcott Lodge	Private	70
Provost Municipal Health Care Centre	District	50
*Red Deer	District	118
*Red Deer, Valley Park Manor	District	100
*Red Deer, West Park	District	70
*St. Albert, Youville	Religious	162
St. Paul, Extendicare (Alberta) Ltd.	Private	75
*Sherwood Park	Religious	100
Smoky Lake	District	33
*Stettler	District	50
*Stony Plain, Good Samaritan Care Centre	Religious	90
Strathmore, Valley General and Extended Care Centre (Nursing Home)	District	23
*Two Hills, Health Care Centre (Nursing Home)	District	30
*Vegreville	District	40
*Vermilion Health Care Complex	District	50
Viking, Extendicare (Alberta) Ltd.	Private	64
Vulcan, Extendicare (Alberta) Ltd.	Private	36
Westlock	District	52
*Wetaskiwin	District	50
Total		7,694

NOTES:

* Indicates that the nursing home is accredited by the Canadian Council on Hospital Accreditation.

(1) Number of beds that the nursing home was approved to accommodate at March 31, 1985, as approved by the department as at March 4, 1986.

TABLE 6

BASIC HEALTH SERVICES
Persons Covered by Age and Sex
as at March 31

Age	Male		Percentage Change	Female		Percentage Change	Total		Percentage Change
	1984	1985		1984	1985		1984	1985	
Under 1	23,092	22,027	-4.61%	21,865	21,105	-3.48%	44,957	43,132	-4.06%
1 - 4	87,331	86,834	-0.57%	82,807	82,469	-0.41%	170,138	169,303	-0.49%
5 - 14	193,116	189,489	-1.88%	182,924	179,112	-2.08%	376,040	368,601	-1.98%
15 - 24	232,229	214,250	-7.74%	230,704	217,151	-5.87%	462,933	431,401	-6.81%
25 - 44	424,219	413,974	-2.42%	394,013	396,795	0.71%	818,232	810,769	-0.91%
45 - 64	196,128	196,197	0.04%	189,783	191,051	0.67%	385,911	387,248	0.35%
65 & Older	83,006	84,050	1.26%	102,726	105,186	2.39%	185,732	189,236	1.89%
TOTAL	1,239,121	1,206,821	-2.61%	1,204,822	1,192,869	-0.99%	2,443,943	2,399,690	-1.81%

NOTES:

A. The coverage data reported are the actual registrations on the Alberta Health Care Insurance Plan files. These exceed the Statistics Canada provincial population estimates. The differences are accounted for by the Alberta Health Care Insurance Plan files being kept current by the continual processing of additions and deletions of persons, by persons being temporarily outside the province for educational purposes and by registrants who have left the province but retain coverage for a period of three months.

B. The coverage figures do not include members of the Armed Forces and R.C.M.P., and inmates of Federal penitentiaries.

TABLE 7

AVERAGE FEE-FOR-SERVICE PAYMENTS BY DISCIPLINE
For the years ended March 31

Discipline	Number of Practitioners 1984	1985	Percentage Change	Average Payments 1984	1985	Percentage Change
BASIC HEALTH SERVICES						
A. Medical Practitioners						
TOTAL	3,233	3,353	3.71%	$ 147,136	$ 148,009	0.59%
General Practitioners	1,834	1,921	4.74%	117,299	115,881	-1.21%
Total Specialists	1,399	1,432	2.36%	186,251	191,108	2.61%
Laboratory Specialists	163	166	1.84%	568,604	607,401	6.82%
Other Specialists	1,236	1,266	2.43%	135,828	136,523	0.51%
SPECIALISTS BY SPECIALTY						
Anaesthetists	152	156	2.63%	103,978	103,620	-0.34%
Dermatologists	19	21	10.53%	309,724	293,705	-5.17%
General Surgeons	159	155	-2.52%	146,924	150,294	2.29%
Urologists	33	35	6.06%	171,665	170,557	-0.65%
Internists	267	273	2.25%	120,964	121,966	0.83%
Neurologists	22	25	13.64%	119,124	117,451	-1.40%
Neurological Surgeons	13	13	—	153,289	170,211	11.04%
Obstetricians-Gynaecologists	120	120	—	166,583	161,310	-3.17%
Ophthalmologists	62	62	—	196,530	211,071	7.40%
Rhino-Otolaryngologists	29	30	3.45%	211,236	217,204	2.83%
Orthopaedic Surgeons	71	71	—	150,630	155,645	3.33%
Paediatricians	124	131	5.65%	102,187	97,592	-4.50%
Psychiatrists	120	122	1.67%	90,826	98,729	8.70%
Plastic Surgeons	25	28	12.00%	186,136	184,068	-1.11%
Physical Medicine & Rehabilitation	8	9	12.50%	66,793	69,133	3.50%
Thoracic Surgeons	12	15	25.00%	208,619	145,253	-30.37%
Laboratory/Pathologists	39	37	-5.13%	1,726,039	1,983,183	14.90%
Laboratory/Radiologists	117	121	3.42%	212,745	222,549	4.61%
Laboratory/Others	7	8	14.29%	67,970	65,307	-3.92%
B. Other Disciplines						
Oral Surgeons	848	894	5.42%	10,322	11,697	13.32%
Chiropractors	300	308	2.67%	66,584	67,687	1.66%
Optometrists	197	202	2.54%	41,069	43,690	6.38%
Podiatrists	19	18	-5.26%	140,375	161,457	15.02%
Physiotherapists	215	258	20.00%	42,040	46,701	11.09%
EXTENDED HEALTH BENEFITS						
Dentists	1,048	1,080	3.05%	13,733	14,313	4.22%
Denturists	135	144	6.67%	39,242	38,028	-3.09%
Optometrists	179	182	1.68%	11,171	11,824	5.85%
Ophthalmic Dispensers	195	199	2.05%	9,601	10,777	12.25%

NOTES:

A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis. Only fee-for-service payments made to practitioners in Alberta are included.

B. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.

C. Average payment is the arithmetic mean payment.

D. The statistics in the above table cannot be used as an accurate measure of a full-time doctor's income as:
   (1) doctors receive income from other sources (e.g. Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by the Plan);
   (2) both full-time and part-time doctors are included in the statistics;
   (3) the figures quoted are gross payments from which doctors pay their office expenses.

TABLE 8

AVERAGE GROSS PAYMENTS BY SPECIALTY TO MEDICAL PRACTITIONERS RECEIVING $20,000 OR MORE
For the years ended March 31

	Number of Practitioners 1984	1985	Percentage Change	Average Payments 1984	1985	Percentage Change
All Practitioners	2,804	2,918	4.07%	$ 168,537	$ 168,925	0.23%
(Less Laboratories)	2,687	2,792	3.91%	141,470	140,532	-0.66%
General Practitioners	1,586	1,657	4.48%	134,451	133,141	-0.97%
Total Specialists	1,218	1,261	3.53%	212,922	215,945	1.42%
Laboratory Specialists	117	126	7.69%	790,145	798,068	1.00%
Other Specialists	1,101	1,135	3.09%	151,582	151,322	-0.17%
SPECIALISTS BY SPECIALTY						
Anaesthetists	136	141	3.68%	115,633	113,952	-1.45%
Dermatologists	19	20	5.26%	309,724	307,527	-0.71%
General Surgeons	144	145	0.69%	161,689	160,181	-0.93%
Urologists	31	33	6.45%	181,905	180,223	-0.92%
Internists	233	240	3.00%	137,650	137,597	-0.04%
Neurologists	22	24	9.09%	119,124	121,619	2.09%
Neurological Surgeons	11	12	9.09%	179,415	183,367	2.20%
Obstetricians-Gynaecologists	114	112	-1.75%	174,903	172,212	-1.54%
Ophthalmologists	58	60	3.45%	209,593	218,106	4.06%
Rhino-Otolaryngologists	29	30	3.45%	211,236	217,204	2.83%
Orthopaedic Surgeons	65	68	4.62%	163,845	162,111	-1.06%
Paediatricians	96	101	5.21%	129,659	124,212	-4.20%
Psychiatrists	99	101	2.02%	108,003	117,096	8.42%
Plastic Surgeons	25	26	4.00%	186,136	197,667	6.19%
Physical Medicine & Rehabilitation	8	9	12.50%	66,793	69,133	3.50%
Thoracic Surgeons	11	13	18.18%	226,684	166,884	-26.38%
Laboratory/Pathologists	23	25	8.70%	2,923,340	2,932,409	0.31%
Laboratory/Radiologists	87	93	6.90%	284,303	287,353	1.07%
Laboratory/Others	7	8	14.29%	67,970	65,307	-3.92%

NOTES:

A. The data relating to expenditures for health services are tabulated and reported on a date-of-payment basis. Only fee-for-service payments made to practitioners in Alberta are included.

B. The specialty distribution of medical practitioners is based on their specialty as at the end of the fiscal year.

C. Average payment is the arithmetic mean payment.

D. The statistics in the above table cannot be used as an accurate measure of a full-time doctor's income as:

(1) doctors receive income from other sources (e.g. Workers' Compensation Board, extra-billing, third party medicals, and for other services not covered by the Plan);

(2) both full-time and part-time doctors are included in the statistics;

(3) the figures quoted are gross payments from which doctors pay their office expenses.

GLOSSARY

ADMISSION:

Is the official acceptance into a hospital of a patient (including an infant born alive in the hospital) who requires medical and hospital services including room and board. Reception involves the allocation of a hospital bed, bassinet or an incubator to the patient. A person is counted as an admission each time he/she is formally admitted to the hospital or to a provincially recognized unit within the hospital.

ADULTS AND CHILDREN:

All in-patients, except newborn.

AMBULATORY CARE:

A facility specifically designed, staffed and equipped to provide diagnostic and therapeutic services to out-patients.

APPROVED BASSINET COMPLEMENT:

(For public and federal general hospitals) The number of bassinets approved for the hospital by the Department of Hospitals and Medical Care and the Federal Government, respectively.

APPROVED BED COMPLEMENT:

(For public and federal general hospitals) The number of beds approved for the hospital by the Department of Hospitals and Medical Care and the Federal Government, respectively.

AUXILIARY HOSPITALS:

Auxiliary hospitals are designed and operated for persons, usually chronically ill or disabled, who require a less intensive level of care than is provided in general hospitals. For some, treatment results in rehabilitation to a point that return to the community or transfer to a nursing home or other residential facility is possible. For others, nursing and medical care is provided for an extended period, even though there is little prospect of rehabilitation.

AVERAGE DAILY NUMBER OF PATIENTS:

The average number of in-patients during any given period of time. It is calculated by dividing the number of patient-days during the period, by the number of days in the period.

AVERAGE LENGTH OF STAY:

The average number of days stay of in-patients who were separated from the facility during the reporting year. It is calculated by dividing the total days stay by the number of separations during the reporting year.

AVERAGE PERCENTAGE OCCUPANCY:

The ratio of actual days of care to the maximum days of care for the reporting year, expressed as a percentage. It is computed by dividing the total patient-days during the reporting year by the total bed days in the same year (approved complement at March 31 of the reporting year times the number of days in the year) and multiplying by 100.

CLAIM RECORDS:

Are claims submitted to the Alberta Health Care Insurance Plan, either by practitioners or registrants for the reimbursement of insured services.

DATE-OF-PAYMENT:

Basis on which statistics of payments to practitioners are compiled according to the date when payments are made.

FEDERAL HOSPITAL:

A hospital owned and/or operated by a department or agency of the Government of Canada and operated on a non-profit basis. Operation will generally be by one of the following agencies: Veterans' Affairs, Health and Welfare Canada, National Defence or Atomic Energy of Canada.

FEE-FOR-SERVICE PAYMENT:

Is reimbursement to health care practitioners by the Alberta Health Care Insurance Plan for insured services on behalf of Alberta insured residents on a service basis.

FULL-TIME EQUIVALENT EMPLOYEE:

One full-time equivalent employee is equal to total accumulated paid hours divided by normal hours of one full-time employee (2,022.75 hours).

GENERAL HOSPITALS:

A hospital which provides primarily for the diagnosis and short-term treatment of patients for a wide range of diseases or injuries.

MENTAL HEALTH HOSPITALS:

Is a hospital designated, under the Mental Health Act, to provide acute and long-term psychiatric care to both voluntary and involuntary adult patients.

NEWBORN:

An infant born alive in the hospital, or admitted when the mother was admitted for maternity service, is defined as a newborn for the period of his/her continuous stay in the hospital. Transfer within the hospital from the newborn nursery is not considered a separation.

NURSING HOMES:

Nursing homes provide supervised, personal care for persons who are not ill enough to require hospitalization in a general or auxiliary hospital, but require assistance in coping with activities of daily living.

PATIENT-DAYS DURING THE YEAR:

The total volume of in-patient care, expressed in patient-days, of the facility during the reporting year.

PATIENTS STILL-IN AT BEGINNING OF THE YEAR:

Is the count of all patients who were assigned a bed as at 12:01 a.m. on the first day of the reporting year. Includes any patient who was temporarily absent from the facility on this date, but who had not been formally discharged.

PATIENTS STILL-IN AT END OF THE YEAR:

Is the count of all patients who were assigned a bed as at 12:00 p.m. on the last day of the reporting year. Includes any patient who was temporarily absent from the facility on this date, but who had not been formally discharged.

PUBLIC HOSPITAL:

A hospital recognized by the province as a "public hospital". Such a hospital generally is not operated for profit.

REGISTRANT:

A registrant is a person who has registered himself/herself and his/her dependants with the Alberta Health Care Insurance Plan in order to be eligible for benefits under both the Alberta Health Care Insurance Plan and the Alberta hospitalization benefits plan.

SEPARATION:

Is the discharge or death of an in-patient.

TOTAL DAYS STAY:

The accumulated patient-days since admission, of patients separated during the reporting year, even if admitted in a previous year.

TOTAL PAID HOURS:

Are reported separately for each department including those for all full-time, part-time and casual employees excluding medical staff of the hospital who, during the year, have had salaries or wages payable to them by the hospital. Hours covering paid holiday time and other paid leave are included for all categories of personnel.

Alberta Health Facilities Review Committee

The committee, under the Alberta Health Facilities Review Committee Act, has the power to visit approved hospitals, mental hospitals or institutions, and contract nursing homes or units under the Senior Citizens Housing Act, for purposes of enquiring into the care, treatment, rehabilitation and general attitudes of patients and employees of these institutions. The visits may be made routinely, or on a complaint, or upon the Minister's request.

Members:

- Mr. Dennis Anderson. M.L.A. CHAIRMAN, Calgary
- Mrs. Colleen Wood, VICE-CHAIRMAN, Edmonton
- Mr. Henry Woo, M.L.A., Sherwood Park
- Mrs. B. Biddell, Medicine Hat
- Mrs. B. McManus, Calgary
- Mrs. L. Clare, Grimshaw
- Mr. R. Worden, Midnapore
- Mr. E. Andersen, Marwayne
- Mr. B. Elliott, Grande Prairie
- Mr. W. Edgar, Olds
- Mr. B. Wik, Calgary
- Mrs. C. Losie, Edmonton
- Mr. C. Paproski, M.L.A., Edmonton

Alberta Hereditary Diseases Identification Program Advisory Committee

This committee acts in an advisory capacity to the Minister of Hospitals and Medical Care and the Minister of Social Services and Community Health in connection with the Alberta Hereditary Diseases Identification Program.

It advises the Ministers on such matters as coordination of the program on a provincial basis, establishment of standards and monitoring the quality of services, liaison with other related agencies and programs, implementation of screening programs for inherited diseases, methods of providing services, levels of support for the program and on social and ethical matters pertaining to the program.

Members:

- Dr. Don Dunlop, CHAIRMAN, representing the Deans of Medicine, University of Alberta, Edmonton and University of Calgary
- Dr. Peter Bowen, Director of Northern Alberta Genetics Centre, Edmonton
- Dr. Brian Lowry, Director, Southern Alberta Genetics Centre, Calgary
- Ms. Deborah Lentz, representing Alberta Community Health Nurses Society
- Dr. Jeannette MacQuarrie, representing the Society of Alberta Medical Officers of Health
- Dr. A. R. Stewart, representing Alberta Medical Association
- Dr. John G. Read, representing University of Alberta Hospitals
- Mrs. Anne Bonham, representing Alberta Children's Provincial General Hospital, Calgary
- Mrs. Marilyn Sereda, representing public-at-large, nominated by the Minister of Social Services and Community Health
- Mrs. Lois E. Carter, representing public-at-large, nominated by the Minister of Hospitals and Medical Care

Non-Voting Members:

- Ms. Karen Titanich, Alberta Social Services and Community Health
- Mr. Klaus Dierich, Alberta Hospitals and Medical Care

Alberta Human Tissue Procurement Task Force

The task force reports to the Minister of Hospitals and Medical Care in connection with the planning of more effective means for the procurement and utilization of human organs and tissue for therapeutic purposes, medical education and scientific research in the Province of Alberta.

Members:

- Mr. Andrew Little, CHAIRMAN, Calgary
- Dr. John Klassen, Foothills Provincial General Hospital
- Dr. John Dossetor, University of Alberta Hospitals

Dr. William Lakey, University of Alberta
Dr. D. T. R. Hassard, University of Alberta
Dr. J. C. Butt, Chief Medical Examiner for the Province of Alberta
Dr. Peter Craigie, University of Calgary
Mr. John Dahl, Whitecourt
Miss Joan Nightingale, Alberta Hospitals *and Medical Care*

The Alberta Medical Association - Alberta Health Care Insurance Plan Liaison Committee

The liaison committee shall consider any matters referred to it by either the Alberta Medical Association or the Alberta Health Care Insurance Plan and make recommendations in respect of such matters to the Minister or the Association or both.

Members:

Dr. L. C. Grisdale, CO-CHAIRMAN, Deputy Minister, Alberta Hospitals and Medical Care
Dr. J. N. Hnatiuk, CO-CHAIRMAN, President, Alberta Medical Association
Dr. P. C. Perry, President Elect, Alberta Medical Association
Dr. R. W. Chapman, a member of the general public
Mr. C. Bardell, a member of the general public
Dr. N. M. Gray, Past President, Alberta Medical Association
Dr. A. V. Follett, Senior Medical Consultant, Alberta Hospitals and Medical Care
Mr. C. A. MacKenzie, Assistant Deputy Minister, Health Care Insurance Division

Alberta Perinatal Program Advisory Committee

This committee acts in an advisory capacity to the Department of Hospitals and Medical Care with respect to approved perinatal programs in active treatment hospitals. It makes recommendations concerning co-ordination and improvement of provincial perinatal programs and forms a strong liaison between the participating components of perinatal progrmas in Alberta, including the Northern and Central Perinatal Program Advisory Committee and the Southern Alberta Perinatal Advisory Committee.

Members:

Mr. Ralph Coombs, CHAIRMAN, Foothills Provincial General Hospital
Dr. Melville Kerr, Foothills Provincial General Hospital
Dr. Douglas McMillan, Foothills Provincial General Hospital
Dr. D.L. Dunlop, University of Alberta Hospital
Dr. D. Schiff, University of Alberta Hospital
Dr. J.G. Read, University of Alberta Hospital
Dr. R. Winter, Royal Alexandra Hospital
Dr. N.N. Finer, Royal Alexandra Hospital
Dr. G.E. Allin, Royal Alexandra Hospital
Dr. Peter Metcalfe, Perinatal Facility, Southern Alberta
Dr. F. Morcos, Perinatal Facility, Northern Alberta
Dr. R. Sauve, Neonatal Follow-up Program, Southern Alberta
Dr. C. Robertson, Neonatal Follow-up Program, Northern Alberta
Dr. R.G. Gorshe, A.M.A. Rural Southern Alberta
Dr. T.A. Kolotyluk, A.M.A. Rural Northern Alberta
Mrs. Isobel Mogck, Perinatal Nursing, Southern Alberta
Miss Hilda Erskine, Perinatall Nursing, Northern Alberta
Miss Rachel Tasker, Honorary Member
Miss Joan Nightingale, Hospitals and Medical Care

Alberta Urban Hospitals Project Committee

The general responsibilities of this committee are to monitor the Urban Hospitals Project and to ensure it is completed within the project scope, cost and time budgets approved by the Minister.

Members:

K.G. Moore, CHAIRMAN, ADM, Hospital Services Division, Hospitals and Medical Care
G.R. Beck, VICE-CHAIRMAN, ADM, Finance and Administration Division, Hospitals and Medical Care
S.E. Simonson, Project Director, Urban Hospitals Project
G.P. Fejes, Director, Planning and Construction, Hospitals and Medical Care

M.H. Lamb, Director, Institutional Operations, Hospitals and Medical Care
D.J. Beckley, Director, Provincial Programs, Hospitals and Medical Care

Calgary Area Hospital Advisory Council

This council is an advisory body to the Minister. It reviews proposals for construction, new programs, and changes in present programs submitted to the Government by hospitals, facilities and agencies in the Calgary area and makes recommendations to the Minister.

Members:

Mr. G. W. Braum, CHAIRMAN, representing Bethany Auxiliary Hospital
Mr. George Steber, VICE-CHAIRMAN, Director of Planning, City of Calgary
Mr. George Cornish, Chief Commissioner, City of Calgary
Mrs. D. Mirosh, representing Calgary Auxiliary and Nursing Home District #7
Mr. J. T. McCarthy, representing Foothills Provincial General Hospital
Mr. W. Copithorne, representing Metro-Calgary and Rural General Hospital District No. 93
Mr. Jack Halpin, representing Calgary General Hospital
Dr. D. R. Anderson, representing Calgary Medical Society
Mr. E. Crowther, representing Salvation Army Grace Hospital
Mrs. Audrey Higgin, representing Alberta Children's Provincial Hospital
Mr. Ronald Davidson, representing public-at-large
Mr. Joseph Richardson, representing public-at-large
Dr. M. Watanabe, representing University of Calgary, Health Sciences Centre
Mr. Ralph Klein, Mayor, City of Calgary

Edmonton Area Hospital Advisory Council

This council is an advisory body to the Minister. It reviews proposals for construction, new programs, and changes in present programs submitted to Government by hospitals, facilities and agencies in the Edmonton area to make recommendations to the Minister.

Members:

Mr. C. F. Barth, CHAIRMAN, representing Misericordia Hospital
Dr. D. F. Cameron, representing University of Alberta, Health Sciences Centre
Mr. I. Finlay, representing University of Alberta Hospitals
Mrs. N. Jackshaw, representing Alberta Hospital, Edmonton
Mr. J. E. MacDonald, representing Edmonton General Hospital
Mr. E. Leger, representing Royal Alexandra Hospital
Mr. W. Braul, representing Glenrose Provincial General Hospital
Mr. T. E. Poppitt, representing Provincial Hospitals Cancer Board
Mr. R. Throndson, representing Sturgeon General Hospital
Mr. I. Bayduza, representing Metro Edmonton Hospital District 106
Mr. L. MacDannold, representing Auxiliary Hospital and Nursing Home District 24
Mrs. Marion Johnston, representing Non-District Auxiliary Hospitals and Nursing Homes
Dr. L. Mix, representing Edmonton Academy of Medicine
Mr. G. S. Hughes, representing public-at-large
Mr. W. Lobay, representing public-at-large
Ms. J. Fleming, representing City of Edmonton

Emergency Financial Assistance Committee

This committee considers requests from insured Alberta residents for financial assistance in cases where a resident is referred out of province for specialized hospital and medical care not available in Alberta or where a resident is faced with high expenses arising from emergency treatment while outside the Province. Requests for assistance are considered on the basis of medical necessity and financial hardship for the resident.

Members:

Dr. A. V. Follett, CHAIRMAN, Alberta Hospitals and Medical Care
Dr. W. R. Black, Alberta Medical Association
Mr. F. Shaughnessy, Alberta Social Services and Community Health
Mr. W. Tudge, Alberta Hospitals and Medical Care

Hospitals Privileges Appeal Board

This board was established to hear appeals

from members or former members of the medical staff of approved hospitals who consider themselves aggrieved by a decision of a board of an approved hospital. The appeal board has the power to confirm the decision of the board, direct the re-appointment of a former member, direct the reinstatement of a former member, remove or vary the suspension a former member.

Members:

Mr. Frank D. Jones, CHAIRMAN, Dean of Law, University of Alberta, representing the Law Society of Alberta
Mr. George Whithead, Member of the public-at-large
Dr. Lorne B. Collins, Physician
Dr. William O. Rothwell, Physician
Mrs. Audrey Thompson, representing Alberta Association of Registered Nurses
Mrs. Virginia Clarke, Member of the public-at-large
Mr. Theodore A. Bodnar, Member of the board of an approved hospital

Hospitals and Medical Care Policy Advisory Committee

As an advisory body to the Minister, this committee is concerned with any of the policies, programs, services or other matters under the administration of the Minister. The objective of the committee is to provide a broadly based advisory structure of citizens and health professionals to the Minister.

Members:

Mrs. Myrna Fyfe, MLA, CHAIRMAN, St. Albert
Mrs. Carol Snedden, Medicine Hat, representing public-at-large
Dr. Frank Christie, representing College of Physicians and Surgeons
Dr. Paul O. Crossfield, Calgary
Mr. Gordon Hilker, Killam
Mr. Lawrence M. Kelly, Edmonton
Dr. Janet Kerr, representing Alberta Association of Registered Nurses
Dr. Bernard Snell, Edmonton, representing Alberta Hospital Association
Dr. C. J. Varvis, Edmonton
Mrs. Doris McFarlane, Beaverlodge
Mr. Harvey Atkinson, Morinville

Northern Alberta Spinal Cord Injury Program Advisory Committee

This committee acts in an advisory capacity to the Minister of Hospitals and Medical Care and the Minister of Social Services and Community Health with reference to key issues related to the establishment and coordination of a spinal cord injury program for the Northern Alberta Region.

Members:

Mr. Eric Boyd, CHAIRMAN
Dr. John Read, University of Alberta Hospital
Dr. Brian Greenhill, Royal Alexandra Hospital
Dr. Grant McPhail, Glenrose Provincial General Hospital
Dr. Tom Hardin, Workers' Compensation Board
Dr. Peter Allen, Neurosurgeon
Dr. Rubin Feldman, Physical Medicine and Rehabilitation
Dr. David C. Reid, Orthopaedic Surgeon
Mrs. Joyce Baird, Alberta Association of Registered Nurses

Non-voting members:

Ms. Elaine MacLeod, Alberta Hospitals and Medical Care
Ms. Sharon Tell, Alberta Social Services and Community Health

Northern and Central Alberta Perinatal Program Advisory Committee

This committee coordinates the development of the Northern and Central Alberta Perinatal Program on a rational basis as a regional service. It acts in an advisory capacity to Alberta Hospitals and Medical Care to assist in achieving the objectives of the program. These include optimal patient care and economical utilization of funds.

Members:

Dr. D. F. Cameron, CHAIRMAN, Dean, Faculty of Medicine, University of Alberta
Dr. L. C. Grisdale, Deputy Minister, Alberta Hospitals and Medical Care
Dr. J. G. Read, University of Alberta Hospitals Board
Dr. R. C. Bland, University of Alberta Hospitals Board
Alderman E. Leger, Royal Alexandra Hospital Board

Dr. G. Allin, Royal Alexandra Hospital Board
Dr. D. R. Fraser, University of Alberta
Dr. Doug M. Smith, Alberta Hospital Association
Dr. R. T. Richards, Royal Alexandra Hospital
Dr. D. Schiff, University of Alberta Hospitals
Dr. J. Boyd, University of Alberta Hospitals
Dr. N. Finer, Royal Alexandra Hospital
Dr. J. J. Lipinski, Edmonton General Hospital
Dr. C. Robertson, Glenrose Provincial General Hospital Board
Mr. J. C. Hartley, Glenrose Provincial General Hospital Board
Dr. T. Kolotyluk, Hinton
Miss Joan Nightingale, Alberta Hospitals and Medical Care

Nursing Home Liaison Committee

This Committee advises the department regarding policy papers and implementation strategies relating to proposes changes in the nursing home sector. It also provides a forum for Alberta Hospitals and Medical Care and nursing home representatives to discuss the goals of the nursing home sector and ways to improve resident care.

Members:

Mr. D. J. Junk, CHAIRMAN, A.D.M., Policy Development Division, Hospitals and Medical Care
Mrs. V. Lai, Director, Research and Strategic Planning, Hospitals and Medical Care
Mrs. J. Schmidt, Director, Coordinated Home Care Program, Social Services & Community Health
Mrs. D. McIntyre, Executive Director, Edmonton and Rural District #24, A.H.A.
Mr. R. Richards, Executive Director, Stettler Health Complex, A.H.A.
Mr. J. Lymer, Administrator, Good Samaritan Auxiliary Hospital A.H.A.
Mr. K. G. Moore, A.D.M., Hospitals Services Division, Hospitals and Medical Care
Mr. G. R. Beck, A.D.M., Finance & Administration Division, Hospitals and Medical Care
Mr. C. Bond, Vice President, Alberta Long Term Care Association
Mr. G. Ulveland, Director, Alberta Long Term Care Association
Mr. C. Whitelaw, Executive Director, Alberta Long Term Care Association

Nursing Home Review Committee

The Nursing Home Review Committee hears applications for nursing home contracts from private individuals, corporations, religious organizations and district boards in order to establish that the applications are in accordance with the Nursing Homes Act. The committee reports and makes recommendations to the Minister with respect to the application.

Members:

Mr. H.J. Budnitsky, CHAIRMAN, Director, Legislative Research and Planning, Alberta Hospitals and Medical Care
Mr. D. J. Beckley, Director, Provincial Programs, Alberta Hospitals and Medical Care
Mr. M. H. Lamb, Director, Institutional Operations, Alberta Hospitals and Medical Care
Dr. D. Orn, Co-ordinator, Gerontological Services, Provincial Programs, Alberta Hospitals and Medical Care
Mr. J. Simon, Director, Financial Planning and Control, Alberta Hospitals and Medical Care

Renal Program Advisory Committee

The Renal Program Advisory Committee advises Alberta Hospitals and Medical Care on matters relating to renal dialysis and reviews and facilitates the operation of the Regional Dialysis Program.

Members:

Dr. L. C. Grisdale, CHAIRMAN, Deputy Minister, Alberta Hospitals and Medical Care
Dr. D. L. C. Judge, Alberta Medical Association
Dr. R. B. Hans, Calgary Renal Dialysis Regional Centre
Dr. R. Ulan, Edmonton Renal Dialysis Regional Centre
Dr. J. G. Read, University of Alberta Hospitals
Dr. Lorne Klippert, Foothills Provincial General Hospital
Mr. D. Gottesman, Calgary
Mr. Kirkman, Edmonton
Dr. J. B. Dossetor, Department of Medical Nephrology, University of Alberta Hospitals
Dr. H. Mandin, Division of Renal Medicine, Foothills Provincial General Hospital

Dr. Jack Williams, Calgary Renal Dialysis Regional Centre
Dr. W. H. Lakey, Edmonton Renal Dialysis Regional Centre
Miss J. Nightingale, Alberta Hospitals and Medical Care

Non-Voting Member:

Mrs. Anita Yanitsky, Kidney Foundation (Alberta) Edmonton Chapter